

Wigan Council

# Wigan Supported Living Service

## 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

We carried out an announced inspection of Wigan Supported Living Service on 13 and 14 December 2017. The service was re-registered in February 2016 after moving to a new address and this was the first time it had been inspected.

Wigan Supported Living Service provides a service to over 100 people with a learning disability or autistic spectrum disorder. The service has 31 properties located in the Wigan area, ranging from single occupancy premises to multi-occupancy apartment blocks. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living so this inspection looked at people's personal care and support. At the time of the inspection 110 people were using the service.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At the time of the inspection the service had two registered managers. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. Although one service, Wigan Council had internally divided the properties into two localities (North Locality and South Locality) based on geographical location, with a registered manager allocated to each locality.

People using the service told us they felt safe. Relatives mirrored this view, reporting their loved ones received safe and effective care and support. The service had effective safeguarding policies and procedures in place. Staff had all received training in safeguarding vulnerable adults, which we saw was refreshed in the required timescales. Staff spoken with demonstrated a good understanding of how to report both safeguarding and whistleblowing concerns. Guidance was also clearly displayed in each property for reference for people using the service, their family members and staff.

Both staff and people using the service told us staffing levels were appropriate to meet people's needs. Rotas were completed centrally by staff with knowledge of people using the service and their needs. Appropriate systems were in place to cover any shortfalls, including the use of the council's mobile workforce, who had the necessary training to effectively support people who used the service.

We saw robust recruitment procedures were in place to ensure staff working for the service met the required standards. This involved all staff having a Disclosure and Barring Service (DBS) check, at least two references and full work history documented. Staff personnel information was stored centrally with the provider, with paper based personnel files located at the main office.

We saw medicines were managed safely and effectively. Staff received training and were observed administering medicines before being signed off as competent. People who wanted to take responsibility for managing their own medicines were supported to do so. We saw the service carried out regular audits to ensure medicines had been administered correctly and documentation completed accurately. Checks of documentation and stock levels showed medicines had been administered as prescribed.

Staff spoke positively about the training provided at the service. Staff told us regular training was provided and they had the opportunity to request additional training in areas of interest. Staff also confirmed they received supervision and appraisal on a regular basis, which helped support them in their role and provided an opportunity to discuss any issues or concerns as well as their future goals.

Both people using the service and relatives spoke positively about the standard of care provided. People told us staff were friendly, caring and kind and treated them with dignity and respect. We saw people were fully involved in all aspects of their care and encouraged to maintain or achieve as much independence as possible. People using the service were involved in choosing what they wanted to do and when and where they were supported. People were also encouraged to set and complete their own personal goals and aspirations.

We looked at eight care plans, which contained detailed and personalised information about each person. Care plans also contained comprehensive risk assessments, which were regularly reviewed and helped to ensure people's safety was maintained. We saw people had been involved in planning their care and were asked for their feedback through completion of service reviews, tenant meetings and questionnaires.

People had been supported to engage in a wide range of activities. Some of the properties organised weekly activities which people could participate in and each had a communal area, where people could meet up and socialise. People told us they could plan and attend activities of their choosing including their use of one to one care hours.

The service had a range of systems and procedures in place to monitor the quality and effectiveness of the service. Audits were carried out internally by the team leaders of each property which included a quarterly comprehensive audit of service provision as a whole.

Staff meetings took place on a regular basis, giving staff the opportunity to discuss their work and raise any concerns about practices within the service. Staff spoke positively about the support provided by the registered managers, who were both described as supportive and approachable.

## 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 was safe

The service had effective systems and procedures in place to protect people from harm and keep them safe.

Safeguarding policies and procedures were in place and staff were aware of the process and how to raise concerns.

Staffing levels were sufficient to meet the needs of people using the service. Clear contingency plans to cover staff shortfalls were in place.

People we spoke with told us they received their medicines safely and when necessary.

### Is the service effective?

Good 

The service was effective

Staff reported receiving enough training and supervision to carry out their roles safely and effectively.

The service was working within the legal requirements of the Mental Capacity Act (2005).

People had consented to their care or decisions had been made in their best interest by their next of kin or representative.

Staff were respectful of people's right to choose their food but gave people appropriate information and encouragement to plan a healthy balanced diet.

### Is the service caring?

Good 

The service was caring

People told us staff were kind, friendly and helpful and respected their privacy and dignity.

Staff were knowledgeable about the importance of promoting people's independence and providing choice.

The service was mindful of its responsibilities in regards to equality, diversity and human rights. People were supported to live their lives however they chose.

### Is the service responsive?

Good ●

The service was responsive

Care plans were person-centred and individualised with information about what was important to people and how they wanted to be supported.

Detailed guidance was in place for staff within care files to ensure they could meet people's needs, wishes and preferences.

The service had a detailed complaints policy, which was clearly displayed in each property. Complaints received had been addressed appropriately.

### Is the service well-led?

Good ●

The service was well-led

Audits and quality assurance checks were carried out regularly and in a range of areas, to ensure good practice was maintained.

Staff told us they enjoyed working for the service and felt supported in their roles.

People using the service spoke positively about their experiences and said they would recommend the service to others.

# Wigan Supported Living Service

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 13 and 14 December 2017 and was announced. We gave the service 48 hours' notice, as they provide a supported living service to people living in their own accommodation and we needed to be sure someone would be in the office to facilitate the inspection, as well as allowing time to arrange for us to speak to people using the service and staff members.

The inspection team consisted of one adult social care inspector from the Care Quality Commission (CQC) and an Expert by Experience, who carried out telephone interviews with people using the service and their relatives on 14 December 2017. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

Prior to the inspection the service completed a Provider Information Return (PIR), which is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed all the information we held about the service including statutory notifications and safeguarding referrals and contacted external professionals from the local authority.

The inspection was also informed by feedback from questionnaires completed by people using the service and staff members. These were sent out in advance of the inspection. Feedback received was complimentary about all aspects of the service and the support provided.

As part of the inspection, we spoke with the registered managers, two team leaders, seven staff members, eight people who used the service and six relatives.

We looked at eight care plans, seven staff files and five Medication Administration Record (MAR) charts. We also reviewed other records held by the service including audits, meeting notes and safety documentation.

# Is the service safe?

## Our findings

People using the service and their relatives told us they felt safe as a result of the care and support provided by Wigan Supported Living Service. One person told us, "Yes, I do [feel safe]. It's a safe environment for us all." Another said, "I have never felt unsafe, day or night." A relative stated, "[Person] is much safer living in this place." Another told us the security measures in place was a good example of why their loved one was safe, commenting on "access is via a key fob entry system" and that staff "check the patio door at night" prior to their relative going to bed.

We looked at the service's safeguarding systems and procedures. The safeguarding file contained an up to date safeguarding policy, along with the procedure for reporting safeguarding concerns. A log had been used to record each safeguarding issue, which included date reported, person's name and address, the allocated social worker and date safeguarding had been closed. The file also contained all of the referral forms submitted to the local authority, along with details of any investigations carried out and copies of minutes from any meetings held, such as safeguarding strategy meetings or case conferences. This meant it was possible to track what had occurred from an alert being raised, through to its resolution.

We asked staff about their understanding of safeguarding procedures and whether the service provided training in this area. All the staff spoken with confirmed training was provided and refreshed within required timescales. Staff displayed a good understanding of how they would recognise and report safeguarding concerns. One said, "Yes, training is kept up to date, we do refreshers. I would make sure the customer was okay, record anything and inform the appropriate person." A second told us, "Yes, we do complete safeguarding training and this gets refreshed. I would inform the team leader of any concerns who would inform [registered manager]."

The service had a whistleblowing policy, which gave clear guidance on how to raise concerns. One staff member told us, "I know what to do. I would speak to the team leader but I'd go higher if needed. I would report to the manager, if my concerns were not acted upon, or take it higher to the area manager."

We checked to see if safe recruitment procedures were followed. The service utilised an electronic system which contained personnel details. This was maintained by Wigan Council's human resources (HR) department. We were sent evidence of the recruitment documentation and processes used by the Council. A recruitment tracker was in place which covered immigration checks (if applicable), Disclosure and Barring Service (DBS) checks requested, cleared and received. The DBS check helps prevent unsuitable people from working with vulnerable groups of people and is a requirement when working in a care setting. We saw two references had been received, new starter pack provided and once all checks had been completed, a start date was confirmed. Copies of application forms, references and other associated documentation were stored centrally at the Council.

The service also maintained paper based files for each employee, which were stored at the office. These contained a 'supported living service quality assurance' document, used to ensure the necessary documentation was present and correct. We saw files contained staff information forms, which included the

Disclosure and Barring Service (DBS) certificate details, lone work risk assessments, competency checks, training and supervision information.

We looked at how accidents and incidents were managed. Records were stored both centrally at the main office, as well as within each property. Incident forms consisted of two parts, part one, which explained what had occurred, was kept on file in the office, however part two, which included a review of the incident, was completed online and sent to the Council's health and safety officer for review, as a result there was no record in the file of actions taken or outcomes. We also noted there was not a log or matrix in place within the office's incident file, with each record simply stored in separate plastic wallets.

Within each property we visited, we saw monitoring of accidents and incidents had been carried out, with a detailed log kept of any which had occurred. Any associated documentation relating to each accident or incident had also been kept, to provide a detailed overview of what had occurred and the action taken.

All staff we spoke with were clear about their responsibilities should they witness an incident or accident, including the completion of required documentation. One told us, "Check they are okay, fill out the documentation, such as accident or incident forms, record on the diary sheet and report to the manager." Another said, "Depending on what it is, get medical attention, complete paperwork, inform management."

We asked staff for their views on staffing levels at the service. All staff spoken with told us enough staff were employed to meet people's needs, albeit sometimes they felt they were busier and more stretched than others. One said, "To be honest yes, we do [have enough staff]. We do have busy periods and others when it's more relaxed. We plan things well, so no-one misses out." A second stated, "Yes we do. We have really busy periods when we are stretched but other times when we can just sit down and just chat with people." A third told us, "I feel staffing is generally okay."

People using the service told us staffing levels were sufficient and they received the support they needed. One said, "They have always been there for me when I've needed help, there is always someone around." A second stated, "I think so. I don't ask for a lot of help as I'm very independent, but there's always staff about."

One of the registered managers told us the service was currently recruiting, with interviews scheduled for the new year. Any current gaps on the rota had been covered by existing staff completing overtime or via the supporting excellence team (SET) who are a mobile workforce employed by the council. Staff working for SET had all received the appropriate training to support people using the service.

Rotas were completed based on assessed need, with individual care hours captured in care plans. Outcome focussed support plans, completed by people's social workers, and also included the amount of cover required. Based on this information, it was calculated how many staff were needed to cover each property. Two duty staff went through rotas each Friday, using their knowledge and experience to ensure enough staff were deployed.

Each of the care files we viewed contained a range of risk assessments which were person centred, detailed and easy to read and follow. These covered areas such as; manual handling, medication, activity completion, environment, finances and mobility. Each assessment contained information about the identified risk, what preventative measures had been put in place, any additional measures and outcomes. We saw risk assessments were reviewed annually or whenever a change or specific issue had occurred or new risk identified.

People using the service had a fire safety passport, which was a booklet explaining the evacuation procedure, written in an 'easy read' format consisting of simple text, pictures and symbols. This ensured people knew what action to take in case of a fire or other emergency which required an evacuation. Alongside this each person had a Personal Emergency Evacuation Plan (PEEP). A PEEP is designed to ensure the safety of a specific person in the event of an emergency evacuation and must be drawn up with the individual so that the method of evacuation can be agreed. The PEEP will detail the escape routes, and if needed identify the people who will assist in carrying out the evacuation.

Whilst property related matters, such as maintenance and building safety certificates were the responsibility of the landlord, we saw evidence systems and procedures were in place for reporting any issues. We also observed a safety file was in situ within the properties we visited, which contained information about fire equipment checks, legionella checks, portable appliance testing (PAT), electrical and gas safety certificates. This helped the service ensure the environment was safe and suitable for people using the service.

We looked at how the service managed medicines. Medicines were stored and administered differently in each property and dependent on the needs of the individual. For example in one property medicines were stored in locked cupboards in each person's kitchen, whereas in another they were stored in a locked cabinet within the office. One person's medicines were administered via a Percutaneous Endoscopic Gastrostomy (PEG), which is a procedure whereby a feeding tube is inserted orally into the stomach to feed people that cannot swallow food. This person's medicines were stored in a locked cupboard in the spare room of their property.

People using the service we spoke with were satisfied with the support they received in managing their medicines. Some people self-medicated, whilst others were given their medicines by staff members. One person told us, "Staff give me them [medicines]. I get them when needed." Another said, "I get my medicines when needed, no concerns with this." A third stated, "I self medicate but the staff help me to order them, as I find this difficult."

Each person had a medicines file in place. We saw information sheets had been created which contained the person's name, photograph and a medicines checklist, which explained how staff needed to support the person in this area. Assessments had been completed to assess people's ability to safely self-medicate. There was also a separate medicines information sheet which detailed the name and strength of each medicine along with dosage information, who had prescribed the medicine, what it was for, possible side effects, the date it was stopped and who authorised this. This ensured both people and staff supporting them, had important information about people's medicines in order to keep them safe.

We saw alongside Medication Administration Record (MARs) on which the administration of medicines had been recorded, the service also had other systems in place. A separate document had been used to record the times medicines had been administered, to keep track of this and ensure enough time had been allowed between doses. A log had been kept to record any issues with administration, such as the person refusing to take their medicines and a separate record had been kept for any 'as required' (PRN) medicines, such as paracetamol, which included the reason for taking. We also saw PRN protocols had been drawn up. These explained what the medication was, the reason for taking and dosage criteria to ensure PRN medicines were administered safely and effectively.

We looked at five MAR charts and found these had been completed correctly. Times of administration had been highlighted in different colours to assist with administration. We found running balances had been kept for any 'boxed' medicines, to assist with auditing; however the majority of medicines had been supplied in 'blister packs'. We saw personalised body maps had been used to support the application of topical

medicines such as creams and lotions. This ensured these medicines were being administered as prescribed.

Staff told us they had received medicines training and had their competency assessed before being able to administer medicines, which was re-done every 12 months. Alongside the mandatory council run training, we saw a bespoke medicines training package had been devised by one of the senior staff in conjunction with one of the registered managers. This was a scenario based training programme, which would test the knowledge and competency of staff in dealing with common issues or occurrences when supporting people with their medicines.

A medicines error or near miss tracking sheet had been used to document any issues or 'near misses' with the administration of medicines and whether these had been referred to safeguarding. The sheet covered what had occurred, what policies and procedures were in place, record keeping, training and knowledge of the staff involved and action taken. A matrix was also in place to monitor staff responsible for errors to look for trends or persistent issues.

# Is the service effective?

## Our findings

We asked people who used the service and their relatives if they thought staff were well trained. One person told us, "Yes, they know what they are doing." Another said, "Yes, no problems with this." Relatives were also complimentary with one telling us how the staff had been provided with specific training in colostomy bag procedures, which had been effective in making their family member less embarrassed and helped promote their dignity and respect.

During the course of the inspection we saw other examples of person specific training having been provided. This included training in posture, pressure area care and management of a Percutaneous Endoscopic Gastrostomy (PEG) site. The service had sought involvement and training from an Abbot's nurse, to support staff with PEG training, to ensure they could support people safely and effectively.

Staff spoke positively about the training provided. One told us, "I love the training. I am always asking about this and there's lots available. I have recently done e-learning in end of life and dementia." Another said, "Yes, it's good. If you think you need more, or are interested in doing something, you can request it." A third stated, "We get loads, I enjoy it. It's good to refresh your knowledge."

Training information was stored electronically, with staff having access to their own training record. Training completion was also monitored via a matrix which indicated who had completed which training sessions and when. A colour coded system was used, with green indication training had been completed and was up to date and red indicating staff needed to complete that particular session. We were told there had been some issues with the matrix not saving entries and therefore not accurately reflecting training completion. We were shown individual training records for three staff to demonstrate sessions highlighted as red on the matrix which had in fact been completed. We were told the issue with the matrix was being addressed.

We saw staff new to care were required to complete the Care Certificate. The Care Certificate was officially launched in March 2015 and is the new minimum standards that should be covered as part of induction training of new care workers.

Supervision and appraisals at the service were referred to as 'my time' and 'my time extra' respectively. The council's policy stated my time meetings should be held quarterly and my time extra annually. We saw standardised forms were used with my time meetings covering 'how am I', 'how am I doing', 'my opportunities to learn and grow', 'what can you do for me' and a discussion about performance objectives and decisions. The 'my time extra' meetings were essentially used to set goals and objectives for the following 12 months.

When looking at a selection of staff personnel files at the main office, we were unable to evidence meetings had been held quarterly. However we asked staff about these meetings, including how frequent they had been completed. One told us, "We have one every three months and an appraisal every year. We can request extra meetings if we want to." Another stated, "Yes, these are usually every three months, unless you want more as we can have one anytime." Each staff member we spoke with told us they had completed a 'my

time' meeting at least every three months.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards. As DoLS only applies to care homes and hospitals, for a person who lacks mental capacity and is being deprived of their liberty in a community setting, such as supported living service, an application must be made directly to the Court of Protection (CoP).

We checked whether the service was working within the principles of the MCA and if applications had been made to the Court of Protection. We found the service had an appropriate MCA policy and associated procedures in place and staff had all received training in this area. One staff member told us, "If a person can decide for themselves then fine, if they can't we need to go to the court for a DoLS." Another said, "It's about whether a person has the capability to make decisions for themselves in their own best interest." A third stated, "I have done training in this. It's about people's human rights and not being deprived unnecessarily or unlawfully."

The service had two files in place, covering both the North and South Localities. We saw a DoLS allocation screening tool had been used to assist in the scrutiny process for prioritising applications to the Court of Protection (CoP). One of the registered managers was on the scrutiny panel, who met monthly to determine the level of priority of applications, using a red, amber and green (RAG) rating system. Restrictive practice screening tools had been completed for each person, to determine whether a restriction was in place and if this was in the person's best interest. We saw these assessments were completed prior to people using the service, to ensure any potential deprivations had been identified and applications submitted. Where required, we saw best interest meetings had taken place, involving a multi-disciplinary team.

Each person's care file contained a consent form. The service was in the process of updating its documentation, which included changes to the consent forms. We saw the 'old' consent form covered the taking and use of photographs for identification, consent to agreed support plans, access to records and self-administration of medicines (if applicable), whereas the new consent form only covered taking of photos and people having access to records. As a result it was difficult to confirm when viewing care files, people had consented to their care.

We asked people using the service if they had consented to their care. Each person we spoke with, told us they had been involved in discussing their care and what they wanted. They also told us staff sought their consent on a daily basis before providing any care or support. One said, "Yes, I was involved. They only help me with things that I want to be helped with." Another said, "I sat down when I moved in and discussed this." A third stated, "The staff always ask for my consent."

We saw people's health needs were being met with each person registered with a local GP. Each person had a health record form within their care file. This had been used to document any involvement from professionals including the hospital, opticians, dentists, nurses and GP's. Each person also had a health needs plan, which covered any health related issues and the support required to manage these. Specific

information about people's medical conditions was also present, to ensure staff knew all about the signs, symptoms and effects. For people with specific allergies an alert sheet was located at the front of the care file to alert staff to the risks.

Pressure care management was in place for people with limited mobility. We saw guidance and pressure relieving equipment was in place, along with turning charts where applicable. The Braeken scale for predicting pressure sore risk had been used for those people considered at risk. Involvement of the district nurse was requested as required, however at the time of inspection no-one using the service had a pressure sore.

Support provided to people to assist with nutrition and hydration varied depending on individual needs and preferences. Staff we spoke with were aware of the importance of promoting a healthy balanced diet, but mindful of people's rights to choice. One told us, "We support the majority here [meaning that property] with their weekly shop, we support them to do a shopping list, encourage choosing healthy options. We cook for a couple of people, who are unable to do so for themselves, following a menu they have chosen." Another said, "We support those that need it with shopping, we suggest healthy options, but it's down to them and what they want to eat. If people need support to cook, we provide this."

People using the service told us they were happy with the support they received. One said, "They cook alongside me, help me do my shopping list and go shopping." Another stated, "I get some help with cooking and shopping, I am happy with this." A third told us, "I do my own shopping but they help me sometimes. I am happy with the help I get."

We saw nutritional intake balance sheets had been used for a week following admission to the service, in order to assess how nutritionally balanced the person's diet was. Food and fluid intake records were also in place where concerns had been noted.

Where necessary we saw people had been referred to Speech and Language Therapy (SaLT) due to the risk of aspiration when eating or drinking, including people with a PEG in situ. Aspiration describes a condition when food or fluids that should go into the stomach go into the lungs instead. We noted clear guidance was in place for any special dietary requirements and SaLT recommendations had been followed.

## Is the service caring?

### Our findings

People who used the service and their relatives told us staff were kind and caring. One person said, "The staff are lovely, happy, kind and nice." Another stated, "They are really nice." A relative told us, "I just can't find fault in the care my [relative] receives." Whilst a second said staff provided, "Wonderful care" were "very welcoming" and the service was a "home from home".

People also confirmed they felt treated with dignity and respect by the staff that supported them and their privacy was always respected. One person told us, "The staff treat you like you're a normal person." A second said, "Yes, they do treat me with respect, I find this goes two ways, you treat people how you want to be treated." A third stated, "Staff members always knock on my door before entering." A relative said to us, "They don't talk over my [relative], they talk to him and include him."

Staff members we spoke with displayed a clear understanding of the ways in which privacy and dignity could be maintained. One told us, "Make sure everything is their choice, treat them how you would want your family to be treated. If providing personal care, close doors and curtains." Another said, "Always think about privacy. Check they are okay with you supporting them." Whilst a third stated, "Read their file to find out about them and their wishes, ask them how they want to be supported. It's also about how you speak to people. With personal care, close doors, cover them up, things like that."

People told us staff supported them to maintain their independence and encouraged them to do things for themselves. One person said, "They let me do what I can and just help me where I need it." Another told us, "They do try and promote my independence, though sometimes I don't do what they ask or things I can for myself, as I can't be bothered. They always try to encourage me."

We asked staff to tell us how they promoted people's independence. One stated, "For some it's about developing confidence, getting out and about. We believe in not de-skilling people, let them be in control of their life. Another said, "I support and encourage people to clean their flat, put things in the washing machine, everyday things really." A third told us, "We try and develop their independence through functional assessments, find out where they need support and then strengthen these areas, such as cooking skills, organisational skills, cleaning."

One of the properties we visited was specifically used to provide short term transitional support within a supported living setting. Placements at this property lasted up to two years, with a large focus being on the development of daily living skills, to enable the person to be able to progress to living in their own accommodation. A functional assessment file had been set up for each person, which included training session plans for areas in which the person had wanted to develop. We saw an initial assessment had been completed to gauge the person's current functional ability in all areas such as cooking, cleaning, personal hygiene and so on. Following this, the session plans had been agreed with the person in the areas they needed or wanted to work on.

People we spoke with told us they were offered choice by the staff and were responsible for deciding how

they spent their day. One told us, "I decide everything, from getting up to going to bed." Another said, "I decide what I want to do, the staff discuss this with me." Staff confirmed this was the case with one stating, "When we have one to one time we discuss what they want, we all key-work someone, which includes having regular one to ones. They tell us what they want to do and we support them." Another told us, "Giving people choice empowers them. We make suggestions and help them look into what they might want to do."

In one of the properties we visited, we saw a 'we are your staff team' board on display which contained the names and photographs of each staff member along with their job role. This ensured people using the service knew who everyone was. The board also contained an area for 'staff on duty today'.

Some of the properties had communal flats, where people could come and "hang out" together. The aim was to promote integration and develop social inclusion. When not out supporting people, staff were based in there, which allowed easy access and ensured people knew where to locate a staff member if required, which could otherwise have proven difficult in some of the larger properties. We observed people wandering in and out of their flat, sitting down to have a cup of tea and a chat, before returning to their own flat or completing activities.

Over the course of the inspection we observed the care being provided at three properties. We saw staff interaction with people was warm and friendly and it was apparent staff knew people well and had formed positive relationships. We saw people were encouraged and supported to form or maintain relationships, if this was something they wished to pursue.

We looked at how the service responded to our equality objectives which included, person centred care and equality, providing accessible information and communication and ensuring equal access for all people to the pathways of care. Each person had an equality and diversity monitoring form in their care file, which covered ethnicity, religion, disability and sexual orientation. Information was provided to people in an easy read format, which included the use of simple text, pictures and imagery. People were supported to live their life however they chose to do so. People with complex care needs, were afforded the opportunity to continue to live in a 'homely' rather than residential setting, supported by staff that were committed to providing them with the best quality of life possible.

## Is the service responsive?

### Our findings

People using the service told us they had been involved in planning their care and had access to their care plan. One person said, "I've seen my support plan, I have a buddy who comes in to discuss this with me." Another stated, "Yes, I have been through this with the staff a few times." A third told us, "I decided what I wanted and have seen and agreed to my support plan." A relative informed us care plans were completed prior to residency taking place. They received a copy and could attend meetings to discuss the care plan and provide feedback.

We saw pre-admission assessments had been completed for all people using the service. The assessments gathered information for each of the support plan headings, along with details of likes and dislikes, background information about the person and their life, their weekly schedule and an estimated support plan, including times and duration of support based on initial discussions with the person on what they wanted.

At the time of the inspection the service was in the process of gradually introducing a new care file format, however this was in the early stages and so the majority of files we looked at were still in the old format. Each care file contained a quality assurance document, used to ensure all required documents had been included.

Care files contained seven sections, which included sections for the service agreement, support plans, personal planning information, risk assessments and daily notes, which the service referred to as 'diary sheets'. Additional documentation was present where applicable such as social worker reviews, mental capacity assessments and best interest meeting minutes and decisions.

Each file contained a supported living service handbook and service agreement, which had been written in an 'easy read' format, containing simple text, pictures and imagery. This described the service, what people could expect and what their rights were. Each service agreement had been signed and dated by the person and a staff member.

Care files contained a range of personalised information. The initial assessment and support plan covered each person's medical history and any health related problems, including cognition, communication, mood and behaviours, activity of daily living skills and nutritional status. This provided a detailed overview of each person's needs. We noted additional person centred information had been captured including the person's preferred eating environment, food likes and dislikes, support needed with meal preparation, rising and sleeping times and how they liked to keep active.

This information was supplemented by individual support plans. These again covered a variety of areas including; communication, getting ready for the day ahead, keeping mobile, comfort, rest and relaxation, occupying my day. For each support plan, the person had been involved in explaining what difficulties they experienced, what support they required and how staff would know if this was working. For example, one person's communication support plan contained the following headings; 'how I communicate', 'some

difficulties I have', 'this is what I need from you' and 'this is how you know it works'.

Care files also contained a section for review notes. This captured people's involvement in reviews of their programme and whether they were happy with what had been provided. We noted the frequency of these varied from person to person, with everybody having completed at least one in the last twelve months, whilst other people had completed two or three.

We looked at a care file which had been re-written in the new format. This file had a revised contents page which listed 13 sections, including specific sections for consent forms and equality and diversity information. We also noted some differences to the layout of support plans, however the same content had been captured including how the person wished to be supported. We saw information about people's goals and aspirations had been captured, and progress in achieving these had been included as part of the service review meetings.

We asked staff how they ensured care provided was person centred. One told us, "By asking them what would they like to do, goals they would like to achieve." Another said, "It's all about them and their choices. We try to support them with this, their wishes and goals."

We saw examples of people being supported to achieve personal goals and ambitions. For example one person had wanted to re-visit a cherished holiday destination and had been supported to plan and attend a holiday there. This person had also been supported to re-engage in their love of horses, including going riding and helping out at the stables. This person spoke positively to us about the support they had received and how happy they were at having achieved their wishes. We noted other people had been supported to explore and sign up for college courses or engage in work placements. Again they spoke positively to us about their experiences.

We noted assistive technology had been utilised for one person with a visual impairment. This alerted staff whenever the person got up, at which point they would go to the person's flat and provide support. This system enabled the person to have privacy overnight, rather than have a staff member remain in their flat at all times, and was something they had requested.

We looked at activity provision within the service. People were funded for varying one to one hours, during which they were supported to complete activities of their choosing. One of the larger properties had an activity room which contained art & craft materials, a pool table, puzzles and board games. We saw posters on display advertising outings and activities, which people could choose to participate in. For example Monday was arts and crafts, Tuesday was activities of daily living, Wednesday was bowling, cinema or pool, Thursday was disco and karaoke at a pub in Wigan, Saturday was 'foods from around the world', which was a group meal at the property and on Sunday a meal out was planned at a venue chosen by people using the service during the tenants meeting.

People we spoke with told us there was, "more than enough to do", and talked about outings they had recently attended to go shopping and to the Christmas markets. We were also told about local community groups, such as an art and craft group which they attended. One property had offered the use of their activity room to a local knitting group. This had resulted in people using the service joining the club and making new friends.

The service had a complaints and compliments file in place, which included a copy of the council's complaints policy and procedures. This was stored centrally, with each property forwarding any concerns raised. We saw a log had been used to record each complaint or compliment received. This included the

date and name of the person submitting the complaint or compliment, their address, whether it was a complaint or compliment, date it was sent to the councils customer care team, the name of the person responsible for action and providing feedback and date the matter was closed. Within 2017, we noted the service had received two complaints and five compliments. Each of the two complaints had been appropriately investigated, with action taken and written responses provided.

In each of the properties we visited, we saw information on display about how to make a complaint, which clearly written and explained. People we spoke with knew how to complain. One told us, "I would complain to the staff, although not had to make one." Another said, "Yes I do, I know what to do but have never needed to." A third stated, "I would speak to the staff or the manager."

# Is the service well-led?

## Our findings

At the time of our inspection there were two a registered manager's in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like the registered provider, they are Registered Persons. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service had a clear management structure in place with the two registered managers being assisted by 13 team leaders. The team leaders oversaw one or more properties between them, supporting staff, facilitating meetings and completing audits and quality monitoring, which was then forwarded to the main office for collation.

All the people and their relatives we spoke with were complimentary about the management of the service. One said, "She is really nice". Another stated, "I've met [registered manager], she's nice." Another told us, "The manager, that's [name]. Met her a few times, she's a nice person." People also told us they would recommend the service to others. One said, "Yes, definitely I would. I am happy with everything." Another stated, "Yes, I would. The staff really help us out." A third told us, "Yes, I would. We are like a big family and all look out for one another."

Staff told us they enjoyed working for the service and found it to be a positive working environment. One said, "I love my job. This is a happy place to work, very friendly." Another said, "Yes, I love it here. Always happy, people are friendly, we are all different but get on." Staff also told us they felt supported by the service and management. One said, "Definitely, 100%. I can go to the manager with anything." Another said, "Yes, definitely. [Registered manager] is involved a lot as well as the team leader." A third stated, "I am keen to progress, so they put me on more training and also agreed to keep my post open whilst I gain experience working elsewhere."

We looked at whether the service held regular staff meetings. Meetings were held for the team leaders at the main office, with any issues or information discussed disseminated to the staff at each property afterwards by the team leaders. We were told team leaders meetings were held fortnightly, however meeting minutes indicated monthly meetings had been facilitated. Staff meetings, or 'team time' at each property were arranged quarterly and run by the team leaders, with the registered managers attending occasionally. The staff we spoke with confirmed these took place. One told us, "We have regular team time, every three months or so. We tie this in with what's going on at the council as a whole." Another said, "Yes, we do meet, every three months or so. We have a book for the minutes, so can read up on what was discussed." A third stated, "We have had about four or five meetings this year."

We looked at how the service sought engagement with people using the service and their relatives. Tenant meetings had been held, although the frequency varied across properties. People using the service told us, "Yes, we do have meetings now and again. We talk about all sorts." Another said, "We have a regular tenants meeting, talk about stuff that needs to be done, things we want to do." A third stated, "Yes we have meetings, we talk about activities, things we want to do."

Customer surveys had also been completed on an annual basis. We saw the survey had been designed in an easy read format, with simple questions and use of tick boxes to indicate people's views. Areas covered had included, whether the accommodation met their needs, if the person got along with people they lived with, if they were involved in choosing furniture and décor, if they could see their friends and family whenever they wished and if they felt supported to achieve their goals. People had also been asked to record any additional comments about the service.

The council had recently undertaken a review and modernisation of its in house provider services. As part of this process the service had circulated questionnaires to people using the service and their relatives or carers, along with staff members to ask for their opinions on the changes and whether these had had a positive impact and people's satisfaction with the service being provided.

The service completed a number of audits and monitoring checks to assess the quality and effectiveness of the service. A quarterly audit had been completed at each property by the team leader which covered a wide range of areas including documentation and recording, meds systems, accidents and incidents, care files and safety information and monitoring, such as hoists and appliance checks. An audit action plan had been generated, which covered the areas where any issues had been identified, the actions required, who by and date of completion. Alongside this audit, a weekly tenancy checklist had been completed, which included monitoring of water temperatures, fridge/freezer temperatures, whether food was in date and carbon monoxide, smoke detectors and emergency lighting were in good working order. We also noted a mattress audit tool was being used, to ensure mattresses were clean and fit for purpose.

The service had a range of policies and procedures in place. This included key policies on medicines, safeguarding, MCA, moving and handling and equality and diversity. Policies were regularly reviewed and updated centrally at provider level, so that the most up to date copy was always available. We saw evidence staff had access to the policies via an online portal.

The service maintained close links with other services and providers within the local area through the Skills for Care registered managers network meetings, which were held quarterly. We saw one of the registered managers of the service chaired the meetings and was responsible for generating agendas, arranging speakers and circulating information.