

Cheshire Care Services Ltd

# Cheshire Care Services Ltd t/a Independent Living Support

## 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

Our inspection took place on 08 May 2017 and was unannounced.

At our last inspection on 27 July 2015 the service was rated good in four of the five questions we ask: Is the service effective? Is the service caring? Is the service responsive? Is the service well-led? The remaining question, 'Is the service safe?' was rated as 'requires improvement' as improvement was required in relation to medicine management. During this, our most recent inspection, we found that improvements had been made in that area.

The provider is registered to provide personal care to adults. People received their care and support within supported living facilities where more than one person could live in a house, or in their individual homes within the community. Supported living enables people who need personal and/or social support to live in their own home supported by care staff instead of living in a care home or with their family.

The manager was registered with us as is required by law. The registered manager was on leave on the day so the assistant manager was involved in our inspection process. 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.

Medicine systems had improved which confirmed that people had been given their medicines as they had been prescribed. Staff were available to keep people safe, to allow care and support to be provided flexibly and to meet all people's needs. Staff were aware of the procedures they should follow to ensure the risk of harm and/or abuse was reduced. Recruitment processes ensured that unsuitable staff were not employed so reduced the risk of harm to people.

Staff told us that they had received the training, [and refresher training had been secured] to provide them with the knowledge they needed to support people appropriately and safely. Staff knew that people must receive care in line with their best interests and not be unlawfully restricted. Consent was obtained before support was provided. Meal options were offered to ensure that people's food and drink preferences were met. Input from a range of external healthcare professionals was secured to meet people's healthcare needs.

Staff promoted a friendly atmosphere within the supported living services. People were supported by staff who were friendly and caring. People were encouraged to make decisions about their care and support. People were treated with dignity and respect and their independence was promoted. People could see their family when they wished to.

People and their relatives were involved in the pre-admission assessment of need process and follow on review meetings. Systems were in place for people and their relatives to raise their concerns or complaints if

they had a need to. People could attend religious services if they wished to and accessed leisure activities that they enjoyed.

People, staff and relatives felt that the quality of service was good. The registered manager, the assistant manager and provider carried out regular audits and spot checks to determine good practice and shortfalls where changes were then implemented to improve. People and relatives were aware of who the registered manager, assistant manager and provider were.

## 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.

Medicine systems had improved and confirmed that people had been given their medicines as they had been prescribed.

Staff were available to keep people safe and allow care and support to be provided flexibly to meet people's needs.

Recruitment systems helped to minimise the risk of unsuitable staff being employed.

### Is the service effective?

Good ●

The service was effective.

Relatives and staff felt that staff had received the training they required and had the knowledge and skills to provide appropriate support.

Staff had understanding and knowledge regarding the Mental Capacity Act and the Deprivation of Liberty Safeguarding (DoLS), people were supported appropriately and were not unlawfully restricted.

People were offered food and drink appropriate to their needs and had access to a range of health care services.

### Is the service caring?

Good ●

The service was caring.

People and their relatives felt that the staff were kind and caring.

The atmosphere of the supported living locations were warm and friendly.

People's dignity, privacy and independence were promoted and maintained.

### Is the service responsive?

Good ●

The service was responsive.

People's needs and preferences were assessed and reviewed to ensure that their needs would be met safely and in their preferred way.

People were supported to engage in activities that they enjoyed.

Complaints procedures were in place for people and relatives to voice their concerns if they had the need.

### **Is the service well-led?**

The service was well-led.

Checks and governance were effective in identifying good practice and shortfalls in service operations.

Staff felt there was a strong consistency of leadership within the service.

People and their relatives knew who the registered manager, assistant manager and provider were and felt they made themselves available and was approachable.

**Good** ●

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## **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.

Our inspection was unannounced and took place on 08 May 2017. The inspection was carried out by one inspector.

We asked the provider to complete 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 plan to make. The form was returned so we were able to take information into account when we planned our inspection. We asked the local authority their views on the service provided. We also reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as 'notifications'. We looked at the notifications the provider had sent to us. We used the information we had gathered to plan what areas we were going to focus on during our inspection.

We met and spoke with three people who used the service. We spoke with two relatives, three care staff, the training manager and the assistant manager. The registered manager was on leave on the day so the assistant manager was involved in the inspection. We looked at the care files for two people, medicine records for two people, recruitment records for two staff, training and supervision records for two staff, complaints, safeguarding and quality monitoring processes. We also looked at provider feedback forms that had been completed by people who used the service, their relatives and staff.

# Is the service safe?

## Our findings

A person shared with us, "No abuse". Another person told us, "Nothing bad". Staff we spoke with told us about the training that they had received in how to safeguard people from abuse. A staff member said, "I would report to the manager if I had any worries about abuse". There had been three incidents of concern since our last inspection. The registered manager had reported these to the local authority safeguarding team and to us as is required to help keep people safe.

A person told us, "I feel safe with the staff". Another person said, "I am safe". A relative we spoke with also told us that they felt that their family member was safe. A staff member shared with us, "I think people are safe. We [staff] know people's risks and minimise them. We have care plans and risk assessments in place". We saw that assessments had been undertaken to determine people's individual risks including, falls, attending to personal hygiene and accessing the community and that these were updated when needed. We saw that incidents and accidents that had occurred were recorded following the providers procedures. These had been monitored by the registered manager to determine trends so appropriate action could be taken to reduce any risks to people.

A person shared with us, "There are enough staff always". Staff told us that the staffing levels meant that people were supported and supervised adequately. The assistant manager told us that staff covered each other during holiday time and that there were staff that could be called upon to cover staff absence. This was confirmed by staff we spoke with. One relative told us that they felt that the consistency of staff was not always as they wanted. Another relative said, "They [the provider] are building up the staff team just for them [person's name]. This will mean that they [person's name] will have staff that they know well at all times". The assistant manager told us that there had been a turnover of staff for a number of reasons including promotion. They said, "One problem with retaining staff has been the previous zero hour contracts. Staff want security. The provider has started to give key staff contracted hours to address this and promote consistency".

A staff member told us, "I was not allowed to start here before all my checks had been carried out". Other staff also told us that checks had been carried before they were allowed to start work. The completed Provider Information Return [PIR] highlighted, "Once staff have been successfully interviewed we arrange for two references and a and Disclosure and Barring Service [DBS] to be obtained the job offer is the subject to both reference being satisfactory. We checked two staff recruitment records and saw that pre-employment checks had been carried out. These included a completed application form and a check with the DBS. The DBS check would show if potential new staff member had a criminal record or had been barred from working with adults. These systems minimised the risk of unsuitable staff being employed.

A person said, "The staff look after my tablets and I like that". A relative told us, "I am sure they [person's name] are given their tablets properly". We checked on two people's Medicine Administration Records [MAR] and found that these had been completed properly. We also checked the number of tablets available for each person against records and found that these were correct. This demonstrated that people had been supported to take their medicines as they had been prescribed. Staff told us and training records and

certificates that we saw confirmed that staff had received medicine training. We also saw that staff who managed medicines had been assessed as being competent to manage medicines. We saw that medicines were stored safely and that there were protocols in place to instruct staff when "as required" medicines should be given. This would ensure that people received prescribed painkillers if they had pain, or calming medicines were not given without good cause. We found that the provider had systems in place both for the ordering of medicines and the return to the pharmacy for medicines that were not needed.



# Is the service effective?

## Our findings

A person shared with us, "I am happy. I like it here". Another person told us, "It is good". A relative said, "It is a very good service. Much better than the two they [person's name] were in before. At last I can relax as I know they [person's name] are well looked after" A staff member said, "People's needs here are well met. It is a good service".

A staff member confirmed, "The induction I had was good. I did training and worked with experienced staff". There was documentary evidence on staff files to confirm that induction processes were in place. The provider had introduced the Care Certificate and new staff had completed this. The Care Certificate is an identified set of nationally recognised induction standards to equip staff with the knowledge they need to provide safe and compassionate care.

A staff member told us, "I feel supported. There is always a team leader here or a manager on call we can telephone". Staff we spoke with confirmed that they received supervision sessions. Records that we looked at confirmed this. We noted that where there were issues with staff performance that these had been raised and discussed in staff. Supervision sessions are aimed to review staff members work and performance and give the staff the opportunity to raise issues relating to their support or training needs.

A person shared with us, "The staff do good". A relative said, "Staff have been picked especially to work with them [person's name]. They are good and know what to do". A staff member said, "I have had a lot of training and know how to work". The training manager told us that staff had received training and where it was required refresher training had been arranged. We have refresher training when it is needed. I know how to do my job". Records that we looked at confirmed this.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this is called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the staff were working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that they were. We saw that MCA assessments had been carried out to determine people's capacity levels.

A person shared with us, "They [the staff] always ask they don't just do things". We observed that staff sought people's views and asked them if they could provide support. We heard staff ask a person if they wanted go out rather than telling them that they should do. We saw that staff waited for a response from people before they provided support.

A person said, "I choose what I want to eat so always have the food that I like". Staff we spoke with confirmed that they offered people the food and drink that they preferred. A staff member said, "We do plan menus in advance with the input of people. However, every day we ask people if they would like what was planned or if they would like something else. We all change our minds about what we fancy to eat and the people here are no different".

We saw that care plans contained information that ensured that people were supported effectively and safely when eating and drinking. The assistant manager told us that where staff had concerns about people's dietary needs, or that people may be at risk of choking, referrals were made to the dietician and Speech and Language Therapist (SALT) for advice.

A person shared with us "I have hospital appointments and see the doctor. The staff go with me to them". A relative told us, "They [person's name] see the doctor and go to hospital appointments. I have no concern about that". Other people told us that they received dental and eye checks. Records that we looked at highlighted that staff worked with external healthcare professionals to access input to meet people's healthcare needs. This included GP's, specialist health care teams and local mental health teams.

## Is the service caring?

### Our findings

A person told us, "The staff are kind". A relative shared with us, "The staff are polite and helpful". We saw that staff were friendly and showed people compassion. We heard staff greet people, smile and took an interest in them and their families. A person confirmed, "Other people here are nice". A staff member said, "People here get on well". We found that the atmosphere was warm and friendly. A staff member said, "People here get on well. They are helpful and friendly towards each other". We saw that people had made friends with others and saw them chatting to each other in a friendly way.

A person told us, "The staff do my plans with me. I can make choices". Another person shared with us, "I choose". A relative said, "We [person and family] are involved in decision making. They person's name] are very much encouraged to make their own decisions and makes choices". The Provider Information Return [PIR] highlighted, "All Team Leaders ensure that the individuals [people] understand what their support plan says and gains consent from the individual to ensure that they are happy with what is written about them in their plan".

A person shared with us, "I get up and go to bed when I want to". We observed that this person got up late morning as was their preference. Staff told us what people's preferred daily routines were and we saw that these were documented in people's care plans for staff to follow. A person said, "Staff always help me with choices". Another relative shared with us, "I am asked and involved in ensuring that they [person's name] have as much say as they can and they do". Staff told us that they encouraged people to make their own choices about how they wished to live their lives.

A person shared with us, "I always put on the clothes I want". Another person told us, "I choose my clothes". We saw that people wore clothing that that reflected their identity and was appropriate for the weather.

A person said, "Staff are polite". A relative shared with us, "The staff are polite and helpful". The completed Provider Information Return [PIR] read, "The individuals we support are adults and have the right to dignity and respect". We saw from records that staff had determined people's preferred name and used that name when speaking with or referring to each person. We observed that people went in and out of their bedrooms during the day as they wished. Staff knocked people's bedroom doors before entering. Staff we spoke told us how they promoted people's privacy and dignity. They gave examples of closing doors and encouraging people to do what they could so as not to impose, for example, when they were showering and attending to other personal hygiene needs.

A person told us, "I do cleaning and wash up. I help in the garden too". Another person shared, "I tidy my bedroom". A relative told us, "It is so nice when I visit that they [persons name] is able to make me a cup of tea. It is good that they can be independent". Staff told us that they encouraged people to develop and maintain their daily living skills. We heard staff encouraging and supporting people to do tasks for themselves where possible.

A person told us, "I see my family often". A relative told us, "I can visit whenever I want to". A relative told us,

"The staff are very friendly and welcoming". Staff told us that having contact with their family and friends was important to the people who lived at the home. They confirmed that visiting times were open and flexible.

Information was available that gave contact details for advocacy services in case people wished to access this service. The assistant manager told us that people had access to an advocate if they requested this or it was felt it was in a person's best interests to help them make decisions. An advocate had recently been secured for one person. This was confirmed by records that we looked at. An advocate can be used when people have difficulty making decisions and require this support to voice their views and wishes.

## Is the service responsive?

### Our findings

A person shared with us, "I looked at my house and had meetings before I moved in". A relative told us, "There was a lot of arranging to do before they [person's name] moved in. I attended meetings". The assistant manager told us that people and/or their family could visit the supported living premises before a person moved in. This was so that they could decide if they liked the place and if it would be suitable for them. Records that we saw confirmed that an assessment of need was carried out for each person and information from their funding authority had been obtained in order for the staff to know about people's needs, preferences and risks.

A person said, "I have meetings and tell the staff what I like". A relative confirmed, "There are review meetings held. Everything has gone well to date. The place and staff really meet their needs". We looked at care plans for two people. We saw that reviews had been undertaken. The Provider Information Return [PIR] highlighted, "In ensuring that we continue to meet the needs of the individuals we support we also keep in contact with the relevant people involved in that individuals life whether that be family/ carers or other external professionals". Staff we asked knew about people's needs and risks. The staff gave us an account of those that confirmed that staff knew of people's needs, preferences and risks.

A person said, "The staff ask me every day if I want to go out and where to". Another person told us that they went out regularly into the community shopping, cinema and meals out and they enjoyed that. People told us that they liked to listen to music and watch their television as relaxation when at home. Staff confirmed that if a person wanted to attend a place of worship they would be supported to do so. Records that we looked at confirmed that people had been asked about their preferred faith and if they wanted to follow this.

A person told us, "I am happy with everything. I am asked what I think". We saw provider feedback forms on care files that had been completed by people. The feedback forms had been produced in words and pictures to make them easier to understand. The overall feedback was positive, people and their relatives had highlighted, "I am happy" and "Needs are met". This confirmed that people were happy with the service provided.

A person told us, "I would speak with the staff if I was not happy about something". A relative said, "I would let the staff or manager know if I was not happy. I am happy with everything though". We saw that a complaints procedure was in place and that an easy read version was also available. An easy read complaints procedure is produced in different formats for example large print, or with some text represented by pictures or symbols to ensure that it is easier to read. No recent complaints had been received.

# Is the service well-led?

## Our findings

A person said, "It is good here". A relative said, "It is a good service. It is the best I have ever known. It is run to a good standard".

The provider had a leadership structure that staff understood. There was a registered manager in post who was supported by an assistant manager and team leaders. The provider and registered manager were on leave at the time of our inspection. The assistant manager was involved in the inspection. They had confidence and a good knowledge of how the service operated, answered our questions and provided us with the information we required. This showed that the assistant manager was competent to operate the service in the absence of the registered manager and provider. This confirmed a robust management structure.

A person said, "I know the manager. She is nice". A relative told us, "I know the manager. She is very approachable. There are other managers too who are also helpful and approachable". Staff were complimentary about the provider, registered manager and the assistant manager. Words staff used included, "Approachable", "Supported", "Helpful" and "Experienced with good knowledge". We visited two supported living premises accompanied by the assistant manager. We saw the assistant manager speak with and interact with people. People looked very relaxed confirming that they were familiar with the assistant manager. Our discussions with the assistant manager confirmed that they knew all of the people who lived there well.

A relative shared with us, "The staff are good at their jobs. They are obviously managed well". Staff told us that they had regular meetings to discuss the services and any changes being implemented. A staff member said, "I feel that I am listened to and my contributions are valued". Records that we looked at confirmed that staff meetings were held regularly and that where changes or improvements were needed these were discussed to ensure that staff knew what was expected of them.

A staff member said, "Checks are carried out regularly". Another staff member told us, "Managers do spot checks to make sure the staff work as they should". Documentary evidence was available to show that regular audits and checks had been undertaken by the registered manager and/or provider.

Providers are required legally to inform us of incidents that affect a person's care and welfare. The provider had notified us of all events that had occurred. It is also a legal requirement that our current inspection report and rating is made available. We saw that there was a link on the providers web site to our last report and rating and the report was on display within the service. This showed that the provider was meeting those legal requirements.

We requested that the Provider completed a 'Provider Information Return' [PIR]. The PIR is a form that requests a range of data and gives the provider the opportunity to tell us how they meet regulations, what they do well and improvements that they intend to make. The PIR was completed and returned to us within the timescale we gave. The PIR generally reflected our inspection observations.

Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found that the provider was working in accordance with this regulation within their practice. The registered manager had a good track history of informing us of changes and other issues regarding the service operation. Where issues had arisen people's families had been informed. The assistant manager was open and honest in their approach to our inspection by telling us where further changes and improvements were being made or had been made.

Staff told us what they would do if they were worried by anything or witnessed bad practice. A staff member said, "I would not hesitate to report any concerns or worries that I had". We saw that a whistle blowing procedure was in place for staff to follow. Staff we spoke with told us that they had read and understood the procedure. The whistle blowing process encourages staff to report occurrences of bad practice or concern without fear of repercussions on themselves.