

Cheshire East Council

Heather Brae Supported Living Network

Inspection report

57 Sandbach Road
Congleton
Cheshire
CW12 4LH

Tel: 01260273093
Website: www.cheshireeast.gov.uk

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

Heather Brae Supported Living service provides support to adults living with learning disabilities and complex health needs. At the time of the inspection the service was supporting 18 people within their own tenancies. The service is located within a residential area of Congleton and is made up of 5 mews houses which are all adjoining. Each house can accommodate four people. CQC does not regulate the premises used for supported living; this inspection only looked at people's personal care and support.

People's experience of using this service:

The management team ensured that they worked in line with 'Registering the Right Support' and other best practice guidance. These values include choice, promotion of independence and inclusion to ensure that people with learning disabilities or autism can live as ordinary a life as any citizen.

People received safe and effective care from staff that were kind, caring and compassionate. People's needs had been fully assessed prior to them being supported by the service. Care plans were person centred and were regularly reviewed to ensure the most up-to-date information and guidance was available for staff. Staff demonstrated a good understanding of people's individual needs and had developed positive relationships with them.

Safe recruitment practices were in place and people were supported by staff that had undertaken an induction and training for their roles. Sufficient staff were employed to meet the needs of the people supported. Staff were supported through supervision and team meetings.

Risks to people had been clearly identified and guidance was in place to ensure that staff could minimise these risks. People were protected from the risk of harm and abuse. Staff had all undertaken safeguarding training and felt confident to report any concerns they had. Medication was managed in accordance with best practice guidelines by trained and competent staff. Medication administration records (MARs) were fully completed and audits regularly undertaken.

People participated in activities of their choice. People spoke positively about the activities they participated in. People were supported to maintain contact with friends and relatives. People's independence was promoted and their privacy and dignity was respected. People and their relatives spoke positively about the staff team. We saw that people's views were regularly sought regarding their care, activities and meals.

A complaint policy and procedure was in place for people and their relatives to follow. Complaints were fully investigated and responded to in accordance with the policy.

The registered provider complied with the principles of the Mental Capacity Act (MCA) 2005. Staff understood and respected people's right to make their own decisions where possible, and encourage

people to make decisions about the care they received. Mental capacity assessments and best interest decisions were completed in line with the MCA.

Rating at last inspection:

Good (Report published August 2016).

Why we inspected:

This was a planned inspection based on the rating of the last inspection.

Follow up:

We will continue to monitor all intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Heather Brae Supported Living Network

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection was carried out by one adult social care inspector.

Service and service type:

Heather Brae is a supported living service that provides personal care to people with a learning disability in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced on the first day and announced on the second day.

What we did:

Our planning considered all the information we held about the service. This information included notifications the provider had sent us, to notify us about incidents such as safeguarding concerns, complaints and accidents. A notification is information about important events which the service is required to send us by law. We also contacted the commissions of the service to gain their views.

The provider had completed 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 any improvements they plan to make. This information formed part of our inspection planning document.

During the inspection, we spoke with five people who were supported by the service and two people's relatives. We spoke with the operations manager, registered manager and three members of staff.

We looked at three care plan files and a selection of medication administration records (MARs). We looked at other records that related to the monitoring of the service, five staff recruitment records, training records for all staff, staff meeting minutes, tenants meeting minutes and accident and incident records.

After the inspection the provider sent us some additional information about staff training, up-to-date policies and procedures and additional evidence for consideration as part of the inspection.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- There was a safeguarding and whistleblowing policy in place that staff were familiar with.
- Staff had all undertaken safeguarding training and were in the process of undertaking refresher updates. We received confirmation that this had been completed following our inspection.
- Staff described safeguarding procedures clearly and were confident to raise any concerns they had. One member of staff told us, "I have previously raised concerns about a person I supported and would feel confident to do so again. The management team acted promptly throughout the process."
- People told us they felt safe living at Heather Brae. Comments included, "Staff are always here to help me" and "Staff keep me safe."

Assessing risk, safety monitoring and management

- Comprehensive risk assessments were completed and included clear guidance for staff to follow to manage and reduce the level of risk. For instance, people had risk assessments in place for personal care, travelling in a vehicle, accessing the kitchen, refusal of medications, being supported in the community and behaviours that may challenge.
- Risk assessments were reviewed regularly and held up-to-date information for staff to follow.
- Each person had an up-to-date personal emergency evacuation plan (PEEP). Emergency fire and evacuation procedures were discussed and practised with people supported by the service.
- Regular safety checks were carried out on all moving and handling equipment used.

Staffing and recruitment

- Recruitment procedures were safe. Pre-employment checks were carried out on all staff before they were offered a job.
- People were supported by regular staff that knew them well. Staff had developed positive relationships and had a good understanding of people's individual needs and how to keep them safe.
- Appropriate numbers of suitably qualified and trained staff were on duty to meet people's individual needs and keep them safe.

Using medicines safely

- The procedures for the management of medication were safe.
- Staff that administered medication had all received training and had their competency checked regularly.
- The medication policies were under review to ensure they held all essential information. These had been drafted and were awaiting approval.
- Staff had access to good practice guidance to support them when administering medicines.
- People's individual medication files were detailed and held clear guidance for staff to follow and included

PRN 'as required' medicines protocols. Any changes to people's medicines were clearly documented and supported with a healthcare professional rationale.

- Medication administration records (MARs) were in place and had been fully completed. Regular medication audits were undertaken to ensure people had received their medicines safely. Any areas for development and improvement were promptly identified and actioned.

Preventing and controlling infection

- Staff had all undertaken infection control training and were in the process of undertaking refresher updates. We received confirmation that this had been completed following our inspection.
- Systems were in place to safely manage and control the prevention of infection.
- Personal protective equipment (PPE) was available to staff at all times.

Learning lessons when things go wrong

- There were systems in place for the recording and monitoring of accidents and incidents. The records were reviewed and action taken to minimise future occurrences.
- Following any medication discrepancies, a full investigation was undertaken and any lessons learnt identified.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's individual needs were assessed prior to them receiving a service to ensure they could be met.
- People, relatives of their choice, as well as health and social care professionals were fully involved in the assessment and planning of people's care.
- Care plans reflected people's personal choices and preferences and included clear guidance for staff to follow.

Staff support: induction, training, skills and experience

- All staff had completed a full induction at the start of their employment and had undertaken training to meet the requirements of their role and people's needs.
- Staff had the right knowledge, skills and experience to fully meet people's needs.
- Relatives comments included, "Staff know [Name] really well and fully understand his needs" and "Staff seem confident and competent in their job role."
- Staff received an appropriate level of support for their job role.

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

- People were supported to eat and drink in line with their personal preferences and dietary needs.
- People spoke positively about the food and told us they chose their own meals. Some people were able to plan, shop, prepare and cook their own meals. A relative commented "[Name] seems happy with the food and staff always encourage him to follow a healthy diet."
- People told us they had access to a choice of food and drinks throughout each day and night.

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

- People told us that staff supported them to attend healthcare appointments. Clear records were held of all healthcare visits undertaken to ensure staff had the most up-to-date information to support people.
- Relatives comments included, "Staff are very responsive to any changes to [Name's] needs" and "It's just like home from home. Staff always ensure [Name] has his needs met, they arrange all appointments and let me know if they have any concerns."
- People had access to local advocacy services to ensure their views were represented.
- People were provided with specialist equipment and support aids as required.
- Each person had a patient passport that included essential information to be shared with other healthcare professionals about the way that person liked to be supported.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met."

- People living in their own homes can only be deprived of their liberty through a Court of Protection order (CoP). At the time of our inspection no one receiving support was subject to any restriction under the Court of Protection.
- The registered provider was complying with the principles of the MCA, 2005. People's mental capacity had been assessed and they were not unlawfully restricted.
- Staff understood that they could not deprive a person of their liberty unless it was legally authorised. Staff told us of the importance of seeking a person's consent before starting to provide any care or support.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness, respect and compassion by staff. One person said, "The staff make me laugh and I feel happy with them" and "I like [Staff name] and they are very kind to me." Relatives comments included, "Staff are very kind and considerate" and "The staff are always friendly and approachable; the care has been brilliant."
- People received support from regular staff and positive relationships had been formed between them.
- Staff had undertaken training in equality and diversity. They described the importance of treating people equally and in accordance with their individual needs and preferences.

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

- Weekly tenant meetings and regular care reviews provided people an opportunity to express their views and discuss their care and support and agree any changes they wished to make.
- Staff understood how people communicated and used appropriate methods when communicating with them.
- Relatives confirmed that they were actively involved in supporting their relatives to make decisions about their care and support. One comment included "When there has been a change of medication following a medical appointment I am always informed and given the reasons why. This supports me to still feel included in [Name's] life."

Respecting and promoting people's privacy, dignity and independence

- People's independence was respected and promoted. One staff member told us, "I am not here to do everything for each person I support. I try to support them to do as much as they can for themselves."
- Staff provided people with personal care in private to ensure their privacy and dignity was maintained.
- Staff ensured that people's confidentiality was maintained. People's personal information was stored securely and only accessed by authorised staff.
- People were supported to access the local community, visit relatives and engage in activities of their choice that they enjoyed.

Is the service responsive?

Our findings

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

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

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

- Care plans were detailed and held sufficient information and guidance for staff to be able to meet people's preferred needs.
- Each person had a one-page profile that described their likes and dislikes, things of importance and how they wanted to be supported
- Staff completed a written record of all the care and support provided. These records reflected how people's individual needs had been met.
- People were supported by regular staff who understood their likes, dislikes and daily routines.
- People had access to a wide and varied range of activities to meet their needs.
- The Accessible Information Standards (AIS) were being met. The standards were introduced by the government in 2016; ensuring that people with a disability or sensory loss were provided with information in a way they could understand. People were provided with information in a format to meet their needs.
- People were actively supported to maintain contact with friends and family. One person said, "I see my mum every week" and another said, "I go out for lunch with my family."

Improving care quality in response to complaints or concerns

- The registered provider had a complaint policy and procedure in place. People and their relatives told us they knew how to raise a concern and felt confident to do so. One person said, "I would tell the manager, I can tell her anything" and a relative told us "The managers have always listened to any concerns I have had and acted promptly to address them."
- Complaints were investigated and responded to in line with the complaints policy.

End of life care and support

- At the time of our inspection, nobody was being supported with end of life care.
- We found that staff understood the importance of providing end-of-life care that was tailored around each person's individual wishes and preferences. Staff described how they would support people at the end of their life to have a comfortable, pain free and dignified death.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

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

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

- People received person centred care that was regularly reviewed with their involvement.
- People, relatives and staff spoke positively about the management team. A relative said, "The manager is very approachable and supportive" and staff members told us, "The manager is nice and very approachable" and "I feel well supported by the management team, they always listen."
- The staff and management team were committed to delivering care and support that was developed to meet people's individual needs and improve their overall quality of life.
- The staff and management team developed positive relationships with people they supported and their relatives.
- The registered manager worked closely with other agencies to ensure positive outcomes for people. Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
- The staff team had a clear understanding of their role and responsibilities within the service.
- The registered manager was clear about their responsibilities and they had a good understanding of the regulatory requirements. They had notified the CQC when it had been required of events and incidents that had occurred at the service.
- Policies and procedures to promote safe, effective care to people were available at the service. These documents were regularly updated to ensure that staff had access to best practice guidelines and up-to-date information for their role.
- The ratings from the previous inspection were displayed at the service and on the provider's website as required by law.
- Effective quality assurance systems and processes were in place and consistently followed. Areas for improvement were identified through audits and appropriate action was taken to make required improvements.

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

- There were clear processes in place to obtain the views and opinions of people, relatives and staff about the service. This information was used for future service development.
- Staff told us they felt fully supported by the management team. They said they could talk to the managers about both work related and personal matters.
- Staff were engaged and involved in the running of the service.

- Regular care plan reviews took place with people and their relatives to ensure that their care plans continued to accurately reflect their needs and wishes.

Continuous learning and improving care

- Learning took place from accidents and incidents that occurred at the service to minimise the risk of future reappearance.
- The registered manager and staff had all received training for their roles and were undertaking refresher updates to ensure their practice remained up-to-date and safe.
- There were systems in place for learning from concerns and complaints raised by people and their relatives.
- People's care records, were reviewed and updated on a regular basis. Action had been taken to address any issues that were identified

Working in partnership with others

- The registered manager and staff worked closely with other agencies to ensure good outcomes for people. This included working with health and social care professionals and commissioners so that people received person centred care and support to meet their individual needs.