

# PossAbilities C.I.C Cherwell Centre

## Inspection report

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### Ratings

#### Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

### Overall summary

This was an announced inspection which took place on the 20 October 2015. The service was last inspected on the 27 September 2013 when we found it to be meeting all the regulations we reviewed.

The service consists of an Outreach Team, Shared Lives Scheme and a Supported Living Scheme. The Outreach Team provide care and support to adults with learning disabilities in their own homes or with their families and enables them to maintain their own independence and lifestyle. The Shared Lives Scheme offers people with a learning disability the opportunity to live in a family home

either on a long term or short term basis. They also offered respite care for people with a learning disability or dementia. The Supported Living Scheme provides 24 hour personal and domestic support to people who live in their own home and who have a learning disability. Support is provided on a long term basis in tenanted housing. A total of 133 people were being supported throughout the service on the day of our inspection.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

# Summary of findings

registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During this inspection we found the service had nominated safeguarding champions for all issues relating to safeguarding. These people had received enhanced training in this area. It was their role to encourage staff to think about the safety of all the people who used the services.

We saw that risk assessments had been completed for health related issues or accessing community activities. Risk assessments had been completed for the environment such as fire safety, moving and handling and slips, trips or falls.

People who used the outreach service, where possible, were encouraged to self-medicate. For people who required support the registered manager told us only staff that had been trained in medicines administration were permitted to administer them.

Family forums had recently been set up where people who used the service and their family members were invited to attend. These forums demonstrated that people were welcome to engage and have an influence on things such as progress the service had made.

People living in their own homes were supported to plan their diet, shop and cook. Cherwell Centre provided workshops in relation to healthy eating and exercise which people who used the services were able to attend. People were also supported to go out as part of an activity for meals to places of their choice.

The service had a 'welcome values approach' in place. This was developed by the provider in order to improve services for people. As a result a book had been published; 'Improving services for people one piece at a time', which showed people they had supported and what changes needed to be made for the person in order to make improvements.

We found that service users had the opportunity to influence who delivered their care and/or support. This was achieved by training people who used the service about what to look for in potential staff members in order

to meet their needs and wishes. Service users were involved in the interview process and had the opportunity to feedback and influence the decision making process.

The service had invited 'Your Voice Advocacy' to provide a weekly session where people who used the service could attend. This enabled people to gain independent advice and support if they required it as well as encouraging people to speak out about things that mattered to them.

People who used the service had end of life plans in place. These involved the person, their families and on occasions where necessary an advocate. We saw that people were supported to attend funeral directors where they could gain further information and support in choosing their own funeral arrangements.

The service had also developed a booklet on coping with grief and loss that they used when they were supporting people who experienced a loss. This was produced in an easy to read format and included visuals.

Some people who used the service had been given jobs at the Cherwell Centre through their employment scheme. These ranged from working in the kitchen, working on the farm or working in the gardening group. The service also held regular events such as fun days, barbeques and car boot sales where members of the community were invited in order to promote social inclusion.

All of the services had surveys they sent out to families. We were informed that a recurrent theme was coming out of the surveys in relation to supporting people to maximise their independence. Training was therefore being rolled out to senior managers and staff to encourage them to promote participation and engagement through effective and inclusive goal setting with people who used the service.

The service had signed up to several different commitments and schemes including the 'social care commitment', 'The Big Idea' and the 'Driving Up Quality Code'. Activities and tasks as part of these included; the services' promise to continually strive to deliver high quality care and invest in staff to ensure people had confidence in the care and support the service offered;

# Summary of findings

direct staff involvement in suggesting and implementing service improvements and highlighting areas of good practice already in place and areas where they needed to improve.

There was a 'staff awards' system in place where staff members could nominate a colleague to receive an award in recognition of the work they undertook. This had resulted in positive experiences for people and outcomes included building new friendships and improved communication skills. This good work had been shared across Shared Lives England as a 'good news story' to evidence how carers could make a difference to the lives of people they support.

The service had a plan of priorities going forward until May 2016. The service was planning to improve the large garden area. The plans we looked at showed that consideration had been given to the needs of people with a learning disability and/or physical disability by the design of this.

The service worked in partnership with other services through the 'Providers Forum' which was held at the Cherwell Centre on a quarterly basis. The registered manager also informed us that senior managers had recently attended a two day event entitled 'Working Together for Change'. Both the forum and the two day event identified that more needed to be done to prepare and support people into meaningful employment. From this the service had arranged pre-employment sessions for anyone wishing to work.

The service was working in partnership with Skills for Care and the DWP Job Centre Plus to encourage unemployed males to consider working in health and social care. The service hoped this would encourage more males to consider working in the sector so that they had more access to staff members they could match with people who used the service.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe. People who used the service told us they felt safe.

The service had a safeguarding and whistleblowing policy in place. This gave staff clear examples of the types of abuse and signs that they needed to observe for and report on and advised staff to contact the registered manager or person on call if they had any concerns.

We found robust recruitment processes were followed by the registered manager when recruiting new staff.

People who lived in supported accommodation were also cared for by a staff team who had been trained in safe infection control techniques and had access to the company's policies and procedures.

Good



### Is the service effective?

The service was effective.

People who used the service told us they were supported by staff members who had the appropriate skills and knowledge.

Staff working in the service were expected to complete 'The Care Certificate' as their induction. The Care Certificate is a set of standards that staff working in health and social care are to adhere to.

We saw that staff had received training and policies and procedures were in place in relation to MCA and DoLS.

Good



### Is the service caring?

The service was very caring.

We saw care staff interacted with people who used the service in a kind and sensitive manner and humour was used appropriately with service users. Eleven people we spoke with gave us positive feedback about the kindness and caring attitudes of staff members.

People who used the service were also involved in the interviewing of potential staff members. This consisted of the applicant attending a session where the service users were undertaking activities and the service user providing feedback on how the applicant had participated. This was good practice as service users had greater control and influence over who they wanted to support them.

People who used the service had access to an advocacy service 'Your Voice Advocacy' who provided a weekly session at the Cherwell Centre. This enabled people to gain independent advice and support if they required it.

Outstanding



### Is the service responsive?

The service was responsive.

Good



# Summary of findings

We found a number of activities on offer at the Cherwell Centre that were available to all the people that received support from the outreach team, shared lives and supported living.

The service had a compliments and complaints policy in place. This detailed timescales for dealing with any complaints that the service received.

We found the essential lifestyle plans in place contained detailed person centred information, including photographs of people, their family and things that were important to them.

## Is the service well-led?

The service was very well-led.

We saw there was a system for monitoring the quality of service provision such as monitoring visits and management checks. The service was committed to putting people at the centre of the care they received and included people in decision making process. Their voice was used in making improvements to the service.

Family forums were also held on a regular basis where people who used the service and their family members attended. These forums informed people of things such as progress the service had made, plans for the future, complaints and compliments, involvement of families in the recruitment of staff members and forthcoming events.

The service had signed up to the 'Driving Up Quality Code'; a code designed for services who provide support to people with learning disabilities. Signing up to this code showed the service was focussed on improving the service they provided to people.

**Outstanding**



# Cherwell Centre

## 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 checked 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.

This inspection took place on 20 October 2015 and was announced. We told the provider two working days before our visit that we would be coming. This was to ensure the registered manager and people who used the service would be available to answer our questions during the inspection.

The inspection team consisted of two adult social care inspectors.

Before our inspection we reviewed the information we held about the service including notifications the provider had made to us. This helped to inform us what areas we would focus on as part of our inspection. We had requested the service to complete a provider information return (PIR); this is a form that asks the provider to give us some key

information about the service, what the service does well and improvements they plan to make. The provider had submitted the PIR prior to our inspection. We used the information to help plan this inspection.

We contacted the local authority safeguarding team, the local commissioning team and the local Healthwatch organisation to obtain views about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. Healthwatch informed us that they had not received any feedback relating to the Cherwell Centre. We did not receive a response from the safeguarding or commissioning team.

During our inspection we spoke with twelve people who used a variety of the services provided by Cherwell Centre. We also spoke with one relative, seven staff members, two senior managers, the registered manager and the chief executive.

We looked at the care records for five people who used the service and the personnel files for three staff members. We also looked at a range of records relating to how the service was managed, these included training records, quality assurance systems and policies and procedures.

# Is the service safe?

## Our findings

People who used the service told us they felt safe. Comments we received included, “I feel safe at the house”, “I feel safe using the service”, “I am safe”, “I feel very safe now”, “I feel very safe with the staff” and “I feel safe with the staff that look after me”. People also told us that if they did not feel safe they knew someone they could approach. Comments we received included, “[Name of manager] is our manager, if I didn’t feel safe I would tell her”, “I could talk to shared lives staff if I had any concerns” and “If I did not feel safe I have a lot of people I can talk to”.

The service had a safeguarding and whistleblowing policy in place. This gave staff clear examples of the types of abuse and signs that they needed to observe for and report on and advised staff to contact the registered manager or person on call if they had any concerns. The policy also included forms for staff to use in order to whistle blow on any poor practice, which allowed the person to remain anonymous. A safeguarding mission statement in place within the staff handbook and details on whistleblowing were also contained in this. The service had the details of the local authority safeguarding contact details for staff to follow local protocols.

The service had nominated safeguarding champions for all issues relating to safeguarding that staff members could contact. These people had received enhanced training in this area. It was their role to encourage staff to think about the safety of all the people who used the services. The service had also arranged safeguarding training for people who used the service in the form of a workshop in order to raise awareness and inform people how to report any concerns. People who used the shared lives service were regularly met away from their carers so that they could raise any concerns in private.

We saw that there were financial audits and controls for the protection of people’s monies. People were supported to be financially independent although staff may advise people on good housekeeping issues. However, this was not restrictive and we spoke with one person who told us he could buy radios and watches when he wanted to and showed us his latest purchases.

The Cherwell Centre is also a third party reporting centre for hate crime. This is where people who used the service or members of the public could attend to report any

instances of hate crime. Records we looked at showed that people who used the service had written and performed a play entitled ‘Animals’. Leading on from this people who used the service were asked by the local police if they would become involved in the making of a video to highlight hate crime. The video had been produced and was used by local police within schools to educate pupils on the topic of hate crime. This provided a reporting place for people who used the service as well as providing them with an active and meaningful role of raising awareness within the local community.

We saw that risk assessments had been completed for health related issues or accessing community activities such as swimming and road sense or completing life skills such as using the kettle. The risk assessments were completed to keep people safe and not restrict what they wanted to do. People who used the service or where necessary a family member were involved in any decisions that were made. We also saw risk assessments had been completed for the environment such as fire safety, moving and handling and slips, trips or falls. This showed the service had considered the health and safety of people using the service.

People we spoke with told us they felt there was always enough staff on duty to support them. Staff members we spoke with told us, “There are enough staff to meet people’s needs. We all work together to cover the home” and “There is a consistent staff team”.

We found robust recruitment processes were followed by the registered manager when recruiting new staff. We saw the provider had a policy and procedure to guide them on the relevant information and checks to be gathered prior to new staff commencing; ensuring their suitability to work at the service.

We examined the files for three staff members. The files contained two written references and an application form (where any gaps in employment could be investigated). The service undertook a criminal records check called a disclosure and barring service (DBS) check prior to anyone commencing employment in the service. This check also examined if prospective staff had at any time been regarded as unsuitable to work with vulnerable adults.

The recruitment of carers for the Shared Lives Scheme consisted of completion of an application form detailing work experience, the support they wanted to provide,



## Is the service safe?

references, details of hobbies and interests, why the person wanted to become a carer and what they had to offer. A DBS check was also completed and three references were gained prior to any offer.

The service had a procedure in place for the reporting of incidents, accidents and dangerous occurrences. We saw that accident and incident forms were in place within the service and these had been completed. All records were analysed by management to spot trends and reduce risks.

The service had two nominated moving and positioning champions in place. Part of their role was to complete moving and positioning risk assessments and to provide training, advice and support to other staff members. Staff members told us they had been trained to use any equipment they needed to use to aid people who used the service.

We looked at the maintenance of the office. Fire records were maintained for the testing and periodic maintenance of the fire system. There were records for the testing of fire alarm points and extinguishers were checked annually by a suitable company. There was a fire evacuation plan and a business continuity plan for how the service would function in an emergency such as a fire. The electrical and gas equipment had been maintained and included portable appliance testing and ensuring emergency lighting was in good order. Records also showed that regular discussions were held with people who used the service in relation to fire safety and what they would do in the event of a fire situation.

Within the Supported Living Scheme people had Personal Emergency Evacuation Plans (PEEPs) in place which detailed how to safely and effectively evacuate people in an emergency situation. Fire equipment, fire extinguishers and fire blankets were maintained on an annual basis. Regular fire drills were also undertaken.

Within the Shared Lives Scheme each carer has an annual health and safety checklist to complete which includes a fire evacuation plan. Each carer also had to provide evidence of a landlord gas safety certificate on an annual

basis. We saw records that showed the Cherwell Centre and the Supported Living Scheme had certificates in place to evidence that electrical installations and gas supplies were safe.

Shared lives carers were responsible for the administration of medicines for people who used the service if the support was needed. They were trained to administer medicines, which was then audited by shared lives staff. Shared lives carers were responsible for the ordering, administration and storage of medicines. Shared lives staff monitored all aspects of the care of people who used the service during monitoring visits, including the administration of medicines.

People who used the outreach service, where possible, were encouraged to self-medicate. One person who used the service told us they took their own medicines. However, for people who required support the registered manager told us only staff that had been trained in medicines administration were permitted to administer them. Records we looked at confirmed that staff undertook training in administering medicines; this included attending a course and completing a workbook which had to be signed off by a competent person. The records we looked at confirmed staff who worked in supported living had also been trained in medicines administration and medication records were accurate and up to date.

The shared lives scheme carers, staff and outreach workers were taught safe infection control methods to help reduce the risk of cross infection. Protective equipment such as gloves and aprons were supplied for their protection if required. Although people who used these services lived in their own homes, some with family support, staff monitored and offered advice for any infection control issues.

People who lived in supported accommodation were also cared for by a staff team who had been trained in safe infection control techniques and had access to the company's policies and procedures. People who live in supported homes are tenants and where possible are encouraged to keep their houses clean if they are able. Staff would have the knowledge to provide safe support and advice to help prevent the spread of bacteria.



# Is the service effective?

## Our findings

People who used the service told us they were supported by staff members who had the appropriate skills and knowledge. Comments we received included, “Staff look after us very well”, “The staff are funny and support me well” and “Yes the staff know what they are doing”. Staff we spoke with told us, “There is flexibility to match staff with people who use the service”.

Details were taken of staff (and shared lives carers) to see what their background was, what interests and hobbies they liked and their culture and religion when they were employed. When social services identified a person who required support they provided the service with their details. The details were taken into consideration and a meeting was arranged between carer and person who needed support. A trial period could consist of taking people out or going to a shared lives carer’s home for visits. The visits were monitored and if all worked well people were offered support they were comfortable with.

Staff members who supported a person who was unable to communicate verbally showed a good knowledge of the person. They explained to us how they were able to understand what the person wanted, what they liked and if they were in pain or distress, through body language and noises they made.

We spoke with staff members in relation to training they were offered. Comments we received included, “The training is fantastic; I am now halfway through level three diploma in care and health. You can bring up any training needs you think you have” and “We get plenty of training and support”.

Staff working in the service were expected to complete ‘The Care Certificate’ as part of their induction. The Care Certificate is a set of standards that staff working in health and social care are to adhere to. The service induction consisted of four days training with a series of workbooks being given to staff members for completion and a number of observations of practice were to be undertaken. The induction covered topics such as equality, diversity and inclusion, medication, privacy and dignity and health and safety. Records we looked at confirmed that staff had undertaken induction when commencing employment.

The staff handbook detailed training that was mandatory for staff, this included safeguarding, Mental Capacity Act

2005 and health and safety. It was also mandatory for staff to undertake Diploma level two in health and social care if they did not already have this qualification or progress to level three if they had already completed level two.

We also noted that a number of staff had completed further training, such as dementia care, epilepsy, autism and positive behaviour management (PBM). The service also had ‘training champions’ (people with enhanced knowledge in specific areas) in areas such as safeguarding, acquired brain injury and moving and handling. This showed the provider was committed to enhancing the knowledge and skills of people who worked in the service.

Staff we spoke with told us they received supervisions on a regular basis. Comments we received included, “We get a lot of support, it is just like a big family”, “We get supervision regularly and appraisals”, “I get regular supervision” and “I have supervision on a regular basis”. Records we looked at showed that supervisions were held on a regular basis and topics discussed during these included; roles, responsibilities, potential service users, person-centred approaches, learning and development needs.

Carers who provided support within the Shared Lives Scheme received monitoring visits every 12 weeks and an annual review. During these meetings carers were able to discuss any support or further training they wanted/ needed.

The Mental Capacity Act 2005 (MCA 2005) sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The Deprivation of Liberty Safeguards (DoLS) provides a legal framework to protect people who need to be deprived of their liberty to ensure they receive the care and treatment the need, where there is no less restrictive way of achieving this. The Care Quality Commission is required by law to monitor the operation of the DoLS and to report on what we find. We saw that staff had received training and policies and procedures were in place in relation to the MCA and DoLS.

The service had a number of consent consultation forms in place. These included consent for staff members to administer their medicines, handle people’s money and to

## Is the service effective?

provide personal care. If people who used the service were unable to consent then a capacity assessment and best interests meeting would be held in order to determine what action was required in the person's best interest.

Record's we looked at showed that a best interest meeting had been held for one person who used the service in relation to their teeth. A mental capacity assessment had been undertaken and a decision was made by a number of professionals including a senior dentist, hospital nurse, advocate and staff members that the proposed treatment would be in their best interests. The process was detailed and showed all options had been considered.

People living in their own homes were supported to plan their diet, shop and cook. Cherwell Centre provided workshops in relation to healthy eating and exercise which people who used the services were able to attend. People were also supported to go out as part of an activity for meals to places of their choice.

Care records we looked at showed that people's nutritional likes and dislikes were documented along with any foods that needed to be avoided, for example allergies. We saw records contained photographs of people making meals, baking and shopping. This showed that people were encouraged to follow a healthy lifestyle. One person who used the service was engaging in a trial to lessen the frequency of epileptic episodes. Staff were taking advice from a nutritional scientist in relation to their diet and staff told us that they had noted a reduction in the frequency of seizures since this change.

Records we looked at showed that staff members had completed training in food safety and nutrition. The service also had ten trained 'Health Chatters'. These were staff members who provided information and held workshops for people who used the services on topics such as smoking cessation, healthy eating, exercise and nutrition.

Records we looked at showed that people who used the different services had health action plans in place. These

were detailed and looked at people's health needs such as teeth and mouth care, skin, mobility and sexual health. Records also showed that external professionals were involved in people's care such as epilepsy nurses and speech and language therapists. This ensured that any health identified issues were addressed.

The service had three dementia champions; these people had received enhanced training in this specialisation and were able to deliver dementia awareness sessions to other staff members. The registered manager told us that 66 staff members had signed up to become dementia friends through the Alzheimer's Society and one staff member was applying to become a regional dementia champion. This showed the service was making a commitment to become a dementia friendly environment.

The Share Lives Scheme also offered respite placements for people living with dementia. This was one to one care provided by people that had been specially matched to suit the personality of the person receiving the care. This service provision had been through a pilot stage and we were told that this had been a great success and the service was continuing to provide the service; with five future respite placements arranged.

Each of the services had an office within the Cherwell centre. The office was equipped with computers, telephones and storage facilities for records to be stored securely and confidentially. Staff manned the centre during office hours and managers were available 'on call' for emergencies. The offices we looked at were fit for purpose and equipment such as portable appliance testing had been undertaken to keep equipment safe. Fire records showed the fire alarm system was serviced and tests were undertaken regularly to ensure staff were aware of how to respond in an emergency. The building was owned by Rochdale Borough Council. PossAbilities were responsible for maintaining the environment and were carrying out improvements on the day of the inspection.



# Is the service caring?

## Our findings

We spoke with people who used some of the services provided by the Cherwell Centre to ask if they felt they were supported by caring staff. Comments we received included; “My carer is very nice”, “I feel I am well supported”, “The staff are all nice, friendly and kind”, “My carer is ace”, “The staff are all very nice”, “I trust the staff I get and they are very reliable”, “Staff help me with anything I want. They are all very good”, “The staff are perfect, they spoil us”, “There are nice staff”, “[Staff member] is a nice lady” and “[Staff member] is kind and caring”.

One professional we contacted prior to our inspection told us “Whenever I visit the centre, it is a happy, vibrant atmosphere”.

We asked all the people we spoke with if they were happy where they were living or with the support they were receiving as well as the services they used at the Cherwell Centre. Comments we received included, “I am happy where I am living”, “I like it here”, “I love everything about here” and “I am happy at the house”.

We saw care staff interacted with people who used the service in a kind and sensitive manner and humour was used appropriately with service users. The social lounge within the Cherwell Centre was a hub of activity on the day of our inspection, filled with many people who had arrived to spend time socialising with their friends, use the café or to undertake activities. Many people we spoke with told us they used the social lounge on a regular, if not daily, basis and looked forward to attending.

The service had a ‘welcome values approach’ in place. This was developed by the provider in order to improve services for people they supported. Twelve staff members from across different services spent four, two hour blocks with a person they were supporting, the aim being to experience whatever people who used the service experienced. From this experience a book was published; ‘Improving services for people one piece at a time’, which showed people they had supported and what changes needed to be made for the person in order to make improvements. Examples of changes made as a result of this included one person who had stated they wanted to spend more time at home; the service facilitated this by reducing their day centre hours and having more support at home. Another person had

stated they would like a job; this person now had a job working in a café helping to prepare meals. This showed the service was actively looking at ways to improve the lives and experiences of people who used the service.

We found that service users had the opportunity to influence who delivered their care and/or support. This was achieved by training people who used the service about what to look for in potential staff members in order to meet their needs and wishes. Service users were involved in the interview process and had the opportunity to feedback and influence the decision making process. This process gave people greater control about the type of person that supported them, for example having a male staff member with the same interests and hobbies.

People who used the supported living service were expected to sign a care and support contract. This set out the responsibilities of the service for providing care and support such as staffing, person-centred plans, complaints, and tenants meetings. It also set out the responsibilities the service user had in relation to things such as personal property insurance, fees, bills (such as rent and utilities) and repairs. Shared lives carers had to sign an agreement which covered all aspects of a person’s care tailored to each individual and included any religious or cultural needs.

We spoke with people who used the service to ask them if they were supported to be independent. Comments we received included, “I help around the house”, “They let me be independent and I live the life I want to. I can go out when I want, where I want”, “Staff ask me what I want to do and take me where I want to go”, “I can do what I want. I tell the staff what I want to do” and “Staff support me to be independent. I can clean my own bedroom and I help with cooking”.

One professional we contacted told us “I see service users helping with admin work etc. and they are supported and happy”.

Staff members we spoke with told us it was part of their role to encourage people who used the service to be as independent as possible. We were shown photographs of people undertaking daily living skills such as cleaning their bedrooms, cleaning the home, cooking and shopping. This showed staff members were committed to maintaining and enhancing the skills of the people they were supporting.



## Is the service caring?

We asked people who used the service if they had an advocate. One person who used the service told us “I have an advocate which has helped me a lot”. The service had invited ‘Your Voice Advocacy’ to provide a weekly session where people who used the service could attend. This enabled people to gain independent advice and support if they required it as well as encouraging people to speak out about things that matter to them.

People who used the service had end of life plans in place. These involved the person, their families and on occasions where necessary an advocate. We saw that people were supported to attend funeral directors where they could gain further information and support in choosing their own funeral arrangements. Some people had and others were encouraged to have funeral plans which also took account of their wishes. The registered manager informed us that one person who used the service had requested a coffin designed in the shape of a train. We were told that another person who used the service did not wish to discuss their end of life plans with staff members and instead discussed this with his priest. This resulted in his wishes being known.

There had been a service user forum where a funeral director had attended the service to discuss funerals and

their end of life wishes with people. The service has also worked with other professionals, such as district nurses, when people’s end of life wishes were to remain in their own home rather than being admitted to hospital.

The registered manager informed us they advised people who used the service to make a will. The service provided people with the details of solicitors, however it was made clear to us that staff could not get involved in the making of wills or be a beneficiary.

The service had also developed a booklet on coping with grief and loss that they used when they were supporting people who experienced a loss. This was produced in an easy to read format and included visuals for example; a picture of a coffin and emotive pictures of feelings they may have. Staff worked through the booklet with people and it was something they could refer to themselves. The aim of this was to help the person come to terms with their loss and offer support throughout their grieving process, whilst showing that people deal with grief in many different ways. This was good practice and showed the service was committed to supporting people during emotional times.

# Is the service responsive?

## Our findings

People we spoke with told us they had plenty of opportunities to undertake activities. Comments we received included, “I go to Yorkshire on holiday; Scarborough in a cottage”, “I have a busy week and I do lots of things”, “I clean out the rabbits” and “I work in the gardens”.

We found a number of activities on offer at the Cherwell Centre that were available to all the people that received support from the outreach team, shared lives and supported living. These included a farm, a social lounge, gardening group and day services.

The service also produced a play annually and preparations for this went on throughout the year due to the scale of the production and the amount of people who used the service who were involved. One relative told us they were also involved in the production of the play and had previously played a character.

The farm had animals such as pigs, goats, rabbits and chickens as well as a reptile centre and two dogs. People who used the service could access the farm at any time as well as being open to members of the local community. Some of the people we spoke with told us they had a job on the farm, such as caring for the rabbits. Other people had the responsibility of looking after the dogs during the day. One person we spoke with whose responsibility it was to look after one of the dogs during the day told us, “He’s changed my life”.

Some people who used the service had been given jobs at the Cherwell Centre through their employment scheme. These ranged from working in the kitchen, working on the farm or working in the gardening group. The service also held regular events such as fun days, barbeques and car boot sales where members of the community are invited in order to promote social inclusion.

People we spoke with told us they knew who to approach if they had a complaint. Comments we received included, “I have not had to make a complaint but if I had to there is a lot of people I could speak to”, “If I have a worry I can talk to my support worker”, “I would speak to staff members if I had any concerns. I can complain if I want to; I know who to talk to” and “I would tell the staff if I was unhappy”.

One person who used the service told us they had made a complaint in relation to them not receiving the amount of hour’s support they should do and that they felt a staff member “Does not know what she is doing”. This had been passed on to the manager and was being dealt with.

The service had a compliments and complaints policy in place. This detailed timescales for dealing with any complaints that the service received. The service had a compliment and complaints form available for people who used the service, relatives and visitors to use. This also informed the person completing the form when they could expect to receive a reply. There were also compliments and complaints postcards available which were quicker for people to fill in should they wish to do so.

Prior to each person using any of the services, a pre-admission assessment was completed by a member of staff. Social services also supplied information about the person’s support needs. The assessment covered all aspects of a person’s health and social care needs and helped to form the care plans the service put in place. The assessment process ensured that the service they had been referred to could meet the needs of the person.

We found the essential lifestyle plans we looked at contained detailed person centred information, including photographs of people, their family and things that were important to them. We saw people’s likes and dislikes were documented and that these were reviewed regularly with the person used the service to ensure they were up to date and reflected current needs. They also evidenced that people and their families had been involved in the development of them.

Staff members we spoke with and records we looked at confirmed that staff had received training in the management of behaviours that challenge. The service had four staff members that were accredited ‘positive behaviour management’ trainers. These staff members were responsible for the training of all staff members in managing people with dignity and respect, who displayed challenging behaviour.

We also saw that detailed behaviour support plans were in place for those people whose behaviour may be challenging. We found that these contained information in regards to factors that may influence a persons’ behaviour, external factors such as noise or to express themselves, what the behaviours are and who they can affect. A time

## Is the service responsive?

intensity model was also used which looked at possible triggers for challenging behaviour, strategies for dealing with the behaviours and de-escalation techniques for staff

to use. Risk management plans were also included. This showed the service were person-centred when supporting people whose behaviours may sometimes present as challenging.





# Is the service well-led?

## Our findings

The service had a manager who registered with the Commission in 2014. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager oversaw all of the services provided at the Cherwell Centre. There were also two other managers, one who was responsible for the day to day running of the shared lives scheme and another for the outreach service and supported living service.

We asked people who used the service if they knew who the manager was. Comments we received included, "I know who the bosses are. They come and talk to me" and "I know who the manager is". Staff we spoke with told us, "The managers are always available" and "The manager is very supportive and approachable".

One professional we contacted prior to our inspection told us "When I met the management at Cherwell Centre, I was very impressed with how they are always looking at ways to improve their services. I have found them to be dedicated to supplying an excellent service".

We saw there was a system for monitoring the quality of service provision such as monitoring visits and management checks. Staff had to complete documents to show the houses people lived in were safe. Managers would then analyse the results and respond to any concerns.

The service had a staff handbook in place. This contained detailed information in areas such as policies and procedures, training, MCA and DoLS, personal care, moving and positioning, medication and risk assessments. All of which were underpinned by the values of the service – integrity, creativity, happiness, person-centred care and passion. We looked at some policies and procedures that were in place within the service. These were detailed and provided staff with the relevant information they needed in order to undertake their duties.

All of the services had surveys they sent out to families. We looked at the questionnaires and found these covered

topics under the headings 'safe', 'effective', 'caring', 'responsive' and 'well-led'. We were informed that a recurrent theme was coming out of the surveys in relation to supporting people to maximise their independence. The service was therefore rolling out 'Active Support' training to all senior managers and care staff. This training aimed to encourage managers and staff to promote participation and engagement through effective and inclusive goal setting with people who used the service.

The Shared Lives Scheme also sent out surveys to carers to gain their views on being a carer and if they had any suggestions for improvements that could be made to the service. Completed surveys we looked at showed that people were happy in their role and some suggestions had been received on ways to improve. However, the survey's had only been completed recently and therefore an outcome or action plan had not been developed at the time of our inspection.

Records we looked at showed that staff meetings within shared lives, outreach and supported living, were held on a regular basis. An agenda was made available for staff, which they were able to add too if they wished. Staff we spoke with told us they were able to discuss anything relating to their role within these meetings. Some of the topics we saw had been discussed included policies and procedures, health and safety, safeguarding and training.

Records we looked at also showed that there was a service user forum who met on a monthly basis. These forums gave people who used the service the opportunity to discuss the care and support they received and if they felt any improvements were needed, as well as being able to feed this directly back to the board.

Regular tenants meetings were held for those people who were living in the supported living scheme. Records we looked at showed that items discussed in these meetings included issues in relation to the home, household chores, meals, staff and activities/holidays. Minutes of these meetings showed that people were able to voice their opinions and make requests. Staff responses were also documented.

One relative told us "I feel it is brilliant here". "I am invited to reviews and I have been invited to get involved with the company as a 'family voice'. Family forums had recently been set up where people who used the service and their family members were invited to attend. These forums





## Is the service well-led?

demonstrated that people were welcome to engage and have an influence on things such as progress the service had made, plans for the future, care delivery, complaints and compliments, involvement of families in the recruitment of staff members and forthcoming events. Following on from the last meeting the service had a list of family members that wanted to be involved in the recruitment of staff. Training was being arranged so that they could do this effectively.

The service had signed up to the 'Driving Up Quality Code'; a code designed for services which provide support to people with learning disabilities. This code sets out the commitment providers need to make to improve the quality of services for people, including supporting people to live a meaningful life. The service had highlighted areas of good practice already in place but had also highlighted areas where they needed to improve and how they were going to do this. One example of this was to ensure that all the people who used the service had a person-centred risk assessment in place that would enable them to live as full a life as possible through positive risk taking. This was to be an on-going process that would be embedded across the service. People were to be fully involved to ensure they had choice and control over their lives. Signing up to this code showed the service was focussed on improving the service they provided to people.

The service had also signed up to the 'social care commitment'. This was made up of seven 'I will' statements each of which had an associated task and focussed on the minimum standard required when working in care. This was the services' promise to continually strive to deliver high quality care and invest in staff to ensure people had confidence in the care and support the service offered.

The use of the 'driving up quality code', 'social care commitment', family forums, quality assurance surveys and meetings showed the service was committed to putting people at the centre of the care they received and included people in decision making process. Their voice was used in making improvements to the service.

The service had a 'staff awards' system in place. This was a system by which staff members could nominate a colleague to receive an award in recognition of the work they undertook. Awards that could be achieved included; leadership award, above and beyond award, one to watch award, and innovation award. The registered manager told us this was an effective way to encourage staff to perform

well in their roles and that all the people who had been nominated were invited to an awards ceremony. We saw that one staff member from the shared lives scheme had been nominated for the 'Above and beyond' award for the support, dedication, commitment, empathy and understanding they had shown to a particular person who used the service. This had resulted in a positive experience for the person who had managed to build new friendships, flourish, feel safe and secure in their home and had improved communication. This good work had been shared across Shared Lives England as a 'good news story' to evidence how carers can make a difference to the lives of people they support.

Also in place was 'The Big Idea'. This was designed as a way to encourage staff to be involved in driving up quality within the service. Staff had a form to complete in order to present their ideas for improvement detailing the benefits to the service users and company and the resources that would be required. These ideas would then be taken to the board for initial discussion and a decision tree flowchart was used to progress or reject the idea. For example a 'Big Idea' from one staff member that had been agreed and put into action was a cleaning company. 'Sparkle and Glow' was set up and run by service users with the support of staff. This initiative supported people to gain confidence and skills as well as supporting inclusion. We were informed that the company was initially cleaning in the Cherwell Centre with a view to approaching companies in the community which would allow people to build friendships and networks in the community. This showed the service was actively seeking ways in which to improve and take on board the suggestions that staff made to improve the lives of people who used the service.

The service had a plan of priorities going forward until May 2016. These included producing a community map of the resources, skills and talents of individuals, associations and organisations. This map would enable service users and carers to identify resources that were available to them within the local community. The service was also planning to improve the large garden area. The plans we looked at showed that consideration had been given to the needs of people with a learning disability and/or physical disability by the design of this. Areas included a sensory garden where planting would consist of grasses and reeds to make a noise, rosemary and lavender to give a smell, touch would be stimulated by textured paths and vibrant colours would be used throughout. The farm would be



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re-modernised and there would also be an outdoor learning hub with a direct link to an external dining area which could be used for various activities, a wildlife zone where specially designed habitats would encourage bugs and insects and a growing space where service users could learn how to grow their own produce. When completed this would provide both sensory and learning experiences for people as well as a place to meet new people and make new friends.

The service worked in partnership with other services through the 'Providers Forum' which was held at the Cherwell Centre on a quarterly basis. This forum was an opportunity for providers from services throughout Rochdale to get together to exchange ideas and examples of good practice. Guest speakers were also invited to attend these forums. The registered manager also informed us that senior managers had recently attended a two day event entitled 'Working Together for Change'. This was hosted by another provider and attendee's included service users, staff member, parents/carers and providers. Discussions were held across the two days around what was working, what was not working and what was

important for the future. Both the forum and the two day event identified that more needed to be done to prepare and support people into meaningful employment. From this the service had arranged pre-employment sessions for anyone wishing to work. These sessions gave practical advice such as getting up on time and being able to travel to work. We were told that two people that used the service had been successful in gaining voluntary work placements. This showed the services' commitment to driving up quality and seeking ways to improve the experiences of people who used the service.

The service was also working in partnership with Skills for Care and the DWP Job Centre Plus to encourage unemployed males to consider working in health and social care. A male member of staff told his story about working as a carer within PossAbilities and how he achieved great satisfaction from supporting people to achieve their goals. The service hoped this would encourage more males to consider working in the sector so that they had more access to staff members they could match with people who used the service.