

Churches Housing Association Of Dudley and District Limited

CHADD Supported Independent Living Services

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

About the service: CHADD Supported Independent Living Service provides domiciliary care services. This is provided in the context of sheltered flat tenancies situated in a single building facility. The facility offers aspects of communal living for people experiencing challenges with their mental health.

People's experience of using this service:

People were safeguarded from harm by staff who were knowledgeable about the different types of abuse. People had personalised risk assessments in place which took into account their needs and preferences. People were supported to maintain their independence and achieve realistic goals. This improved people's independent living skills and overall sense of wellbeing.

People were supported to take their medicines by trained staff. Medicines were reviewed by professionals regularly with people and staff. This ensured people received medicines as they were prescribed and required them.

Staff received training in relation to people's needs. This enabled staff to better understand people's physical and mental health. People were supported to maintain a healthy lifestyle. People had access to health professionals for additional support. This supported people to remain well.

People were treated with kindness and compassion by staff who knew them well. People told us their privacy and dignity was respected.

The service responded to people's feedback about their care. This enabled people to feel confident in raising concerns.

The management team worked alongside people and staff to promote a positive culture at the service. This supported people to feel comfortable at the service.

Rating at last inspection: CHADD was rated as 'Good' at their last inspection. Report published on the 04 November 2016.

Why we inspected: This was an announced, scheduled inspection.

Follow up: We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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.

CHADD Supported Independent Living Services

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.

This inspection was carried out at the provider's address as opposed to the location address due to them moving. Following the inspection the provider and registered manager made applications to update their details with CQC. The address listed on this inspection report is the location's previous address.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

CHADD is a service which provides domiciliary care services. This is provided in the context of sheltered flat tenancies situated in a single building facility. The facility offers aspects of communal living.

The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

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 provider had five days notice an inspection would take place so we could ensure people gave consent

to speaking with us and staff would be available to provide the information which we needed.

What we did:

Before the inspection we checked the information we held about the service and the provider. This included notifications the provider had sent to us about incidents at the service and information we had received from the public. A notification is information about events that by law the registered persons should tell us about.

Prior to the inspection we spoke to the registered manager as they were not available during the inspection. During the inspection we spoke with two people who used the service, two support workers, two team leaders, one operations support manager, one HR administrator and the chief executive officer. We observed how staff interacted with people who used the service. We also spoke with a community psychiatric nurse, a social worker and two pharmacists. We did this to gain people's views about the care and to check that standards of care were being met.

We looked at care records for four people. We checked the care they received matched the information in their records. We also looked at records relating to the management of the service, including audits carried out within the home and medicine records.

Following the inspection the management team sent us information around improvements they had made to the service's quality assurance processes. We have included this information in our report.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person told us, "It feels safe here, it feels like home."
- There was a safeguarding policy in place and staff received safeguarding training. Staff were knowledgeable about the types of abuse and how to report concerns.
- The service had a safeguarding lead worker who liaised with the local safeguarding team and attended information sharing meetings. This supported staff to keep up to date with best practice and share information of concern which may impact on people receiving care.
- Where staff had raised concerns about people's safety, the management team had reported the concerns to the local authority and to the CQC.

Assessing risk, safety monitoring and management

- People had personalised risk assessments in place which had been completed with people, their families and professionals.
- People's risk assessments highlighted areas of identified risk, potential triggers and included guidance for staff to manage and reduce the level of risk.
- Risk assessments were recovery focused and promoted the least restrictive options for people's support. For example, where people were vulnerable to financial abuse, support plans were in place for transport costs to be paid on their return home rather than people carry money on their person.
- Where people became anxious and had behaviours which challenged, staff supported people to identify potential stressors and minimise future risk of reoccurrence of behaviours. People had key workers which offered one to one support during times of increased stress. Staff told us, "We have to be flexible as people's mental health needs change."

Staffing and recruitment

- Staff were recruited safely. Systems were in place to ensure suitable staff were employed and the relevant checks were completed. Staff files included proof of the person's identity, references and Disclosure and Barring Service (DBS) checks to ensure staff were suitable for employment in the care sector.
- There were enough staff to meet people's needs flexibly. One person told us, "We get the same staff come in to see us. They know what I like and need and I know them well." There were additional staff available to support people to access the community where people wished to.

Using medicines safely

- Medicines were managed safely by trained staff. There was a medicines policy in place and the service worked closely with the local pharmacist. One pharmacist told us, "They keep in touch with us regularly and are responsive when we discuss ways to improve medicines management."

- People's medicines were reviewed regularly by professionals and people were supported to manage their own medicines where they were able.
- We saw records relating to medicines were accurate and up to date.
- We saw where medicines errors had been made, the registered manager had taken the appropriate action and supported the staff involved to have further training to improve their knowledge and skills.

Preventing and controlling infection

- Staff had access to disposable gloves and aprons. Staff were knowledgeable about protecting people from the risk of infection.

Learning lessons when things go wrong

- Lessons were learned when things went wrong. We saw incident reports were detailed and staff had clear guidance on reporting accidents and incidents. All incidents were reviewed by the registered manager and actions were identified to reduce future risk.

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

Good: ☐ 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 needs were assessed prior to and during them receiving a service. This ensured people's needs could be effectively met.
- People, those important to them and professionals were involved in the assessment and planning of people's care. One person told us, "We choose what they help us with and where we want to go."
- Care plans reflected people's needs and preferences and included clear guidance for staff. For example, one person's care plan detailed they required support with budgeting for shopping. We saw evidence of staff offering support and the person told us this had improved their understanding of money.
- Staff demonstrated a passion for understanding people's needs and choices.

Staff support: induction, training, skills and experience

- New staff received an induction and the opportunity to shadow more experienced staff to allow them to get to know the people they were supporting better.
- Staff completed mandatory training such as moving and handling, as well as training which was specific to people's individual needs. For example, staff had undergone fire training to enable them to better support people with hoarding.
- Staff told us, "The training is really good." Training enabled staff to do their jobs more effectively. For example, staff attended a weight management course and used their knowledge to support a person to lose weight and regain their independence.
- Staff had regular supervisions where they could discuss their progress and any concerns. The management team completed appraisals to monitor staff's competency and offer further support where required.

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

- People told us they were supported by staff to cook meals in their own homes and staff knew their preferences in relation to food well.
- People were supported to maintain a balanced diet and people's weights were monitored where required to reduce the risk of unwanted weight loss.

Staff working with other agencies to provide consistent, effective, timely care

- The service worked closely with other services to support people's transitions in care. A social worker told us, "Staff bent over backwards and gave all the documentation to support [the person] to transfer to another service safely."

Supporting people to live healthier lives, access healthcare services and support

- Staff understood when people's presentation changed, their needs may have also changed and sought further investigation from professionals. Staff told us they had good relationships with other professionals to support people to receive effective care. For example, we saw referrals had been made to dieticians to offer support around improving people's diet.

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

- Records showed people had consented to their care and staff sought consent prior to delivering care.
- We checked whether the service was working within the principles of the Mental Capacity Act (2005) (MCA). The 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.
- Staff had training on the MCA and had a good understanding of capacity.
- We saw people's capacity had been explored and incorporated into their care and support plans. One staff member told us, "People's capacity can change. This is included in their care plan and their community psychiatric nurses are involved in this process. There are guidelines to follow in people's care plans."

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

Good: □ 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 told us staff were very caring. One person told us, "All the staff are very good." Another person told us, "Staff are lovely."
- Staff treated people with kindness and compassion and had built strong relationships with the people they supported. This enabled people to feel comfortable with staff.
- People's support plans were personalised and contained information about their aspirations and life history as well as their health and social care needs. For example, one person's support plan documented they wished to go on holiday. Staff were supporting this person to achieve this with other people from the service.
- Staff had received equality and diversity training and people's religious, cultural and social needs were considered during care planning and delivery.

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

- People were actively involved in decisions around their care and support needs and were able to express their views. One person told us, "Staff really listen to us."
- People were involved in the review of their care and support. People had key workers who completed one to one sessions with people about their care. Staff discussed people's feedback with the team leaders, so this could be included in their support plans.
- People told us their regular carers knew what support they needed.
- People had access to advocacy services to help them to make decisions. A team leader told us, "One person accessed advocacy due to concerns around their finances."

Respecting and promoting people's privacy, dignity and independence

- People were supported to set realistic goals and maintain their independence. One person told us, "Years ago I wouldn't go into town on my own. Now I go on the buses. Staff have helped build my confidence up. It's been a really positive move for me."
- Staff had a good understanding of confidentiality and protected people's right to privacy. One person told us, "They knock on my door and wait for me to answer before coming in."
- People told us staff were respectful of them and their home and treated them with dignity.

Is the service responsive?

Our findings

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

Good: ☐ 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

- People had personalised care plans which reflected their physical, mental, emotional and social needs. For example, care plans included people's important relationships and guidance for staff on how to support people to maintain these.
- Staff knew people well and were able to tell us what was important to people. For example, one staff member spoke at length about a person's life history and the importance of family to the person in maintaining their mental health.
- People were supported with their communication needs relating to sensory loss. Staff told us they supported a person with hearing loss by writing important instructions down to ensure the person had understood.
- The provider met the Accessible Information Standard. This is guidance which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need.

Improving care quality in response to complaints or concerns

- People knew how to give feedback about their care and support. One person told us, "I'd tell them if I was worried about something. They would do something about it if we weren't happy." Feedback was sought through residents' meetings and surveys and action was taken in response to comments made.
- Complaints were responded to in line with the provider's policy and procedure. We saw investigations were completed in full and involved people.

End of life care and support

- People were supported to make decisions around their future care needs. Staff had open discussions with people around their end of life care and their preferences were recorded. For example, end of life care plans included people's faith, choice of clothing and music.

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

Good: ☐ 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 consistently told us the service was well led. One staff member told us, "[The registered manager] is flexible, fair and nice. [They are] very supportive to staff and tenants."
- The service had an open culture of learning and acknowledged areas of ongoing improvement. For example, the team leaders discussed it had been identified during a recent review of medication, the service needed to improve their recording of homely remedies. We saw this was now being reviewed alongside the GP.
- The management team were experienced staff who genuinely cared about the people they supported and the quality of the care they provided.
- We saw the management team worked alongside the staff team and were visible to people and their staff at the service. The team leaders told us this helped them continue to understand people's needs.
- The Provider understood their responsibilities in relation to the duty of candour. This sets out how providers should explain and apologise when things have gone wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The management team and staff were clear about their roles and responsibilities. The registered manager understood and met all legal requirements.
- Staff meetings took place and staff told us they felt able to discuss concerns within these.
- Regular spot checks were carried out on staff to help ensure the quality of care. These checks looked at areas such as medicines.
- Quality assurance tools were in place to review the continued accuracy of documentation and care provision.
- The management team was clear about their responsibilities and had a good understanding of regulatory requirements. They had notified CQC when it was required of events and incidents which occurred at the service.

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

- The service involved people and those important to them in a meaningful way.
- There was a whistleblowing policy in place and the management team were able to discuss how they would support staff to raise concerns.

- An annual tenants survey encouraged people to give feedback on their care. The results of the most recent survey were positive, and people reported staff knew their preferences.

Continuous learning and improving care

- The service was reviewed quarterly by the provider's operations manager which supported the management team to identify areas of potential improvement. ● We saw where suggestions for learning had been made these had been actioned. For example, during our inspection we discussed improvements to the quality assurance process with the management team. Following the inspection, the management team sent us the improvements they had made to quality monitoring of people's care plans for ensure these remained accurate.

Working in partnership with others

- The service worked collaboratively with other agencies to ensure people received the care they needed and feedback from professionals was consistently positive. One community psychiatric nurse told us, "Staff are on the phone with me when people's needs change. Staff have a good understanding mental illness and the information they provide to professionals is always accurate."