

East Cheshire Housing Consortium Limited

East Cheshire Housing Consortium

Inspection report

The Courtyard
Catherine Street
Macclesfield
Cheshire
SK11 6ET

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: East Cheshire Housing Consortium is community based and provides individuals, primarily those with mental health problems, with short or long-term housing and support. They were providing personal care to 91 individuals at the time of the inspection. People they supported lived in a range of different accommodation including 24-hour housing, day time supported tenancies and individual tenancies with domiciliary support.

People's experience of using this service:

The management of people's medicines was not always safe.

People who used the service had comprehensive and person-centred risk assessments and care plans to guide staff supporting them. Staff supported people with positive risk taking and understood how to keep people safe.

People who used the service and staff told us they felt staffing was not always sufficient. There had been a high use of agency and casual workers, people told us they were not always satisfied with this. We saw the provider had taken action to recruit the right standard of staff and this had taken some time. However, consistency of the same agency and casual workers had been considered when staffing rotas were devised.

People who received care in their own homes told us they were happy with call times and if a call was missed due to their absence the service would make contact with them.

The provider had systems to guide staff about how to deal with any allegations of abuse.

Staff reported accidents and incidents to the registered manager. The registered manager told us about their plans to improve the way incident analysis was recorded.

The service did not have a policy and procedure to guide staff in how to protect themselves, people who they support and visitors from infectious disease. Staff received training in infection prevention and we were told there had not been any outbreaks of infectious disease.

Pre-admission assessments were detailed and the information collated was formally communicated to the staff team. This meant known risks for individuals were effectively mitigated.

There were shortfalls in training for new and casual staff. Long term staff told us that they had received suitable training to enable them to support people in a safe and effective way. During the inspection the registered manager evidenced scheduled training for all staff.

The provider did not always ensure people's consent to care and treatment was sought in line with the Mental Capacity Act 2005.

People were supported to maintain a healthy lifestyle and they were provided with choice and control.

People told us they felt confident to raise their concerns.

People told us they were supported by staff in a kind, dignified and respectful way. Our observations saw staff engage with people in a genuine and caring way. Staff and people they supported had formed positive relationships and respected each other.

The service involved people in decisions made about their care and supported people to attend regular health and social care reviews. The service engaged with multi-agency professionals and their guidance was recorded and followed.

People were supported to live an enriched life and engage in things that were important for them. The service provided specialist support for people with a broad range of mental health problems and this was done in a person-centred and non-discriminative way.

The service was implementing an end of life and bereavement policy at the time of the inspection. They had made links with the local hospice.

The registered manager was transparent and responsive to inspection feedback. During the inspection they told us about how they would address the failings found at the inspection.

Improvements were needed to ensure the service was assessed for quality and outcomes for people who accessed the service. The service had oversight by two senior support managers and a registered manager who shared responsibilities across all of the schemes. People and staff were aware of who to address should they need to raise a concern or request support.

The culture throughout the service was positive and staff understood their roles and responsibilities.

Rating at last inspection: This was the providers first inspection since their registration had changed.

Why we inspected: This was a scheduled inspection.

Enforcement: We identified four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 around the management of medicines, need for consent, staff training and good governance. You can see what action we have told the provider to take at the end of the full report.

Follow up: We will continue to monitor the service and seek an action plan from the provider in response to our inspection findings. We will inspect the service again in line with the rating. We may inspect sooner if we receive information of concern.

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?

Requires Improvement ●

The service was not always safe

Details are in our Safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always 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?

Requires Improvement ●

The service was not always well-led

Details are in our Well-Led findings below.

East Cheshire Housing Consortium

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 team consisted of two adult social care inspectors and two adult social care assistant inspectors.

Service and service type:

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose built or adapted single household accommodation in a shared site or building. The accommodation is rented, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

Houses in multiple occupation are properties where at least three people in more than one household share a toilet, bathroom or kitchen facilities. The different properties across the service are known to people, staff and visitors as 'schemes'.

People using the service lived in:

- 2 blocks of flats in the Congleton area. Accommodating a total of 17 people.
- 1 house in multi-occupation shared by 8 people in the Congleton area.
- 1 house in multi-occupation shared by 5 people in the Crewe area.
- 1 house in multi-occupation shared by 10 people in the Macclesfield area.

- □ 1 house in multi-occupation shared by 8 people in the Macclesfield area.
- □ 1 house in multi-occupation shared by 6 people in the Macclesfield area.
- □ 3 houses in multi-occupation shared by 4 people in the Macclesfield area.
- □ 1 house in multi-occupation shared by 2 people in the Macclesfield area.
- □ 1 house in multi-occupation shared by 3 people in the Macclesfield area.

This service is also a domiciliary care agency. It provides personal care to people living in their own houses and flats. This service is known to people who access it as 'floating support'. At the time of the inspection 20 people received floating support.

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:

We gave the service 3 working days' notice of the inspection site visit because some of the people using it needed time to prepare for a home visit from an inspector, which meant that we had to arrange visits in a timescale suitable for them.

What we did:

Before our inspection we looked at all the information we held about the service. This included any safeguarding investigations, incidents and feedback about the service provided. We looked at any statutory notifications that the provider is required to send to us by law. We looked at the Provider Information Return. This is information which providers are required to send us annually and includes key information about their service, what they do well, and improvements they plan to make. This information helps us support our inspections. We used a planning tool to collate all this evidence and information before visiting the service.

On the first day of the inspection we visited the head office and two schemes in Macclesfield. We looked at a variety of records which included the support plans for four people who accessed the service, four people's medicine records and four staff recruitment files. We also reviewed records related to the operation and monitoring of the service and staff support and training records. On the second day of the inspection we contacted people who accessed the service and staff by telephone to gain their feedback. In total we spoke with ten people who accessed the service. We also spoke with the registered manager, the nominated individual, two senior support managers, five support workers and the training manager.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Using medicines safely

- Medicines were not always managed in a safe way.
- Medicine administration records (MARs) showed shortfalls in accurate recording of people's medicines. For example, the information recorded on the MAR for one person was not as directed on the prescription label. This meant that they were at risk of not receiving their medicines as prescribed. Another person received their medicines at a different time of day than what was instructed on the prescription label.
- The provider did not have a suitable medicines management policy and procedure to guide staff around best practice. The registered manager showed us a draft medicines policy and procedure however, this was still being devised and was not available for staff to use.
- Information about medicines prescribed on a when required basis was not always available to guide staff when supporting people to take their medicines. For example, one person was prescribed a rescue medicine to take when they felt agitated or anxious, their support plans did not inform staff of how to assess the need for this medicine or how the individual would present to them at the time when this would be required.

The provider had failed to ensure that medicines were consistently managed safely. This was a breach of regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse, neglect and harassment.
- Staff followed a safeguarding policy and procedure. They understood what constituted abuse and how to make a safeguarding referral to the local authorities.
- People told us staff supported them to make safe choices and they felt able to confide in staff when they had concerns.
- The provider was aware of shortfalls in staff training and showed us scheduled dates for staff to attend safeguarding training.

Assessing risk, safety monitoring and management

- The service provided a consistent approach to risk management. People were risk assessed on an individual basis and positive risk taking was considered and monitored.
- The service worked with external professionals to support people with complex mental health needs. Some people had to comply with orders specified under the Mental Health Act and the Ministry of Justice. Robust support planning was maintained and staff demonstrated very good understanding of the associated risks to the individual and others.
- Staff carried out environmental risk assessments and routine checks.

- Staff who worked in environments with known risks to themselves and others had received specific training to help them identify, de-escalate and manage unpredictable behaviours.

Staffing and recruitment

- The service did not always make sure there were sufficient numbers of suitable staff to support people to stay safe and meet their needs.
- Casual staff had not completed mandatory training essential for supporting people in a safe and effective way. Casual staff were often lone workers and used to cover night time staffing vacancies.
- Some people told us the service was suitably staffed. However, others told us they did not like the frequent use of casual and agency staff at night time. The registered manager told us they had recently recruited three support workers and 24 hour staffed schemes were provided with consistency when they used casual and agency workers. Staffing rotas showed the same staff were used for consistency across all schemes.
- Staff told us they felt understaffed at times and strained by the use of agency workers. Staffing rotas showed deployment of staff across all schemes however, there was no evidence to show how staffing levels were determined. The registered manager told us they had relied on agency and casual staff due to difficulties in recruitment but this had recently improved.
- The provider followed safe recruitment processes.

Preventing and controlling infection

- Infection prevention and control systems were not robust.
- The provider did not have an infection control policy and procedure to guide staff.
- Risks associated with infectious outbreaks, infectious diseases and cross-contamination were included in the providers mandatory training. However, some staff had not undertaken this training.

Learning lessons when things go wrong

- Staff reported accidents and incidents to the registered manager and an external specialist supported the team to de-brief after specific incidents. However, the service did not maintain clear records of accident and incident analysis or lessons learnt.
- The registered manager told us improvements would be made in relation to the recording of accidents and incidents, analysis of incidents and a new risk register would be implemented.

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority.

We checked whether the service was working within the principles of the MCA.

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

- People's consent to care and treatment was not consistently sought in line with legislation and guidance.
- The provider did not have a MCA and DoLS policy or procedure to guide staff around lawful practice.
- The provider did not ensure all staff had been trained in the MCA and associated DoLS.
- We found examples where people's mental capacity had not been assessed before asking for consent. For example, consent to night time checks and photography.

The provider had failed to ensure that the service worked within the principles of the MCA. This was a breach of regulation 11 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- The service did not consistently make sure staff had the skills, knowledge and experience to deliver effective care and support.
- The service provided both E-Learning and face to face training courses for all staff. However, training records showed 15 out of 19 casual workers had not completed the available training and 3 out of 6 support workers on an induction programme had not commenced the available training.
- The provider did not have a training policy and procedure to outline expectations and timescales for training. The registered manager told us they were in the process of developing a training policy.

The provider had failed to ensure staff had the necessary training to provide safe and effective support. This was a breach of regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

- Long term staff told us they were satisfied with the amount of training they received and we found service

user specific training was provided for staff to ensure they could support people with individual needs or associated risks. For example, self-harm and Management of Actual or Potential Aggression (MAPA) training.

- Staff told us they had regular supervision with their line manager and felt supported. Supervision provided staff time with a line manager to discuss their role, responsibilities and development.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- The service assessed people's needs and provided them with choice and control over their lives.
- There were detailed support plans for people who accessed the service which included clear guidance and information for staff who supported them.
- The service worked closely with outside agencies to provide consistent and effective care.
- People could access the service when on agreed leave from inpatient mental health services. Transfer between services was effective and person-centred.
- People told us they had access to a wide range of external health and social care professionals and we found evidence in support plans which demonstrated the service followed professional's advice.

Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet

- People were provided with information about maintaining healthier lives and they had access to external health professionals including their GP, pharmacist, physiotherapist and occupational therapists.
- People were supported to attend appointments and the service provided transport when needed.
- People had access to a day centre (The Western Centre) run by the organisation and this provided them with accessible information about maintaining a healthy lifestyle.
- The service encouraged people to learn and maintain life skills. We observed one person cooking during our visit to their home and staff assisted them in a way that enabled their independence. People across all schemes were encouraged to shop, cook and clean independently.

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; Respecting and promoting people's privacy, dignity and independence

- The service ensured people were treated with kindness, respect and compassion, and they were given emotional support when needed.
- We received positive feedback about the service people received, "Yes staff treat me with respect. I think they listen to me and understand me." And, "Yes staff do treat me with dignity and respect."
- The service encouraged people to live a diverse and fulfilled life. Staff understood people were individuals and their lifestyle and background were respected.
- We found people had access to the community and encouraged to continue doing things that were important to them. People accessed the provider's day centre and we received positive feedback about how the centre had provided opportunities for people including training courses and building relationships.
- The service did not work towards a recognised recovery model. However, we found people were supported to recover and monitored for signs of mental health relapse. The registered manager told us about their plans to form a service user steering group to devise a recovery support plan model.

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

- The service supported people to express their views and be actively involved in making decisions about their care, support and treatment as far as possible.
- Support plans showed regular reviews with people and their involved professionals. For example, people were supported to attend Care Programme Approach meetings, this is a national framework for mental health services which includes assessment, care planning, review, care co-ordination, and service user and carer involvement focused on their recovery.
- The schemes which provided extra-care housing held regular house meetings which provided a forum for people to speak openly about their experiences at the service and communicate any concerns or areas for improvement.
- The provider issued stakeholder surveys and actioned people's comments.

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

- People received personalised care that was responsive to their needs.
- From our discussions with people and staff we found a consistent theme throughout the inspection which showed people were supported in a person-centred way.
- People told us staff understood them and supported them to achieve their goals.
- Support plans evidenced a high standard of person-centred care planning and service user involvement.
- Staff demonstrated comprehensive understanding of the people they supported and we found this intrinsic knowledge helped to keep people safe.
- People were encouraged to maintain their life skills with choice and control.

Improving care quality in response to complaints or concerns

- People's concerns and complaints were listened and responded to, and used to improve the quality of care.
- The registered manager maintained records of complaint response and people told us they felt confident to share their concerns.
- People, their relatives and visitors had access to the complaints procedure.

End of life care and support

- The service did not support anyone with end of life care needs at the time of the inspection.
- The registered manager told us they had considered the need for end of life discussions and had started to devise an end of life and bereavement support policy. The service had linked with the East Cheshire Hospice and aimed to work in partnership with them to incorporate their end of life policy.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider's quality assurance processes were not effective and did not identify the issues found during this inspection.
- The service had not adopted a format for recording a learning culture.
- The registered manager told us they intended to engage an external company to assist with building quality assurance systems around the services they provided.

The provider failed to assess, monitor and improve the service and was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager and staff understood their roles and responsibilities.
- Providers and registered managers are expected to notify us about serious incidents, deaths, police involvement and changes that may impact on the way a service operates. The registered manager was aware of regulatory requirements and submitted notifications to us in a timely way.

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

- There was an open and transparent culture throughout the service and the provider understood and acted upon their duty of candour responsibility.
- The registered manager and senior support managers understood the needs of people who lived at the service and this meant they were able to engage in decision making processes about people's changing health and social care needs.
- Person-centred, high-quality care was planned and promoted. People were supported in a person-centred way and encouraged to lead independent lives.

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

- People who used the service, staff and others were consulted on their experiences and shaping future developments.
- The registered manager and senior support managers worked in a transparent way and involved all grades of staff in discussions about changes at the service. We looked at staff meeting minutes and found staff opinions and comments were noted and action was taken to make improvements.
- Staff spoke highly of the registered manager and their line manager. Staff understood the procedure for

contacting senior management. Staff and service users had access to an on-call rota for out of office periods.

Working in partnership with others

- The service worked well in partnership with other agencies.
- Support plans showed engagement from external agencies and a good standard of communication from staff when a service user's situation had changed.
- The provider engaged with external agencies to gain specialist support and guidance.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The registered provider failed to ensure people were asked for their consent to care and treatment in line with principles of the Mental Capacity Act (2005) Regulation 11 (1) (2) (3)
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered provider failed to consistently ensure medicines were managed safely. Regulation 12 (1) (2) (a) (b) (c) (h) (i)
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider failed to implement robust quality assurance systems. Regulation 17 (1)
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The registered provider failed to ensure all staff had received sufficient training to be able to carry out their role and responsibilities. Regulation 18 (1) (2)

