

## Independent Options (North West)

# Community and Housing Related Support Services

### Inspection report

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Date of inspection visit:

03 July 2019

04 July 2019

08 July 2019

Date of publication:

29 July 2019

### 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

### 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

### Inspection team

The inspection team considered of one inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

### Service and service type

This service provides care and support to people living in 14 supported living settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or manager would be in the office to support the inspection. Inspection activity started on 03 July 2019 and ended on 08 July 2019. We visited the office location on 03 July 2019.

### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We reviewed the information we held about the service including notifications the provider had sent to us. We contacted the local authority safeguarding and local commissioning teams to obtain their views about the service. We contacted Healthwatch for any feedback they had received. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. All this information was used to identify key lines of enquiry as part of the inspection.

### During the inspection-

During the inspection we looked at four people's care records which included a wide range of support plans and risk assessments. We reviewed a range of documents relating to how the service was managed including; four staff personnel files, staff training records, policies, procedures and quality assurance audits.

We met with seven people living in the three supported living tenancies we visited. We obtained feedback from two people who were receiving support from the service and spoke with five relatives on the telephone to gain an understanding of their views of the service and quality of support that people were receiving. We

spoke with the chief executive officer (CEO), two service managers, the director of human resources, quality manager, three team leaders and five support workers.

## 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.

# Community and Housing Related Support Services

## **Detailed findings**

### Background to this inspection

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# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and families told us the service was safe. The feedback we received included comments, "[Family member] is well looked after. If there are any concerns they work through it together as a team. They follow all the rules and regulations." "Yes, I am getting a good service. I feel safe." and, "My [family member] is definitely safe."
- Staff had completed training and understood how to keep people safe. There were policies and procedures to underpin this.

Assessing risk, safety monitoring and management

- The service completed individual risk assessments which covered a variety of areas relevant to the individual and their care needs. These were detailed and specific to the individual and provided staff with the guidance they needed to reduce potential risks.
- People all had detailed fire risk assessments. This included information about how the person should be supported in the case of a fire to safely evacuate the premises.

Staffing and recruitment

- There were policies and procedures in place to ensure staff were safely recruited. Recruitment files showed that appropriate checks including references and checks with the disclosure and barring service were being completed. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant.
- There were enough staff to meet people's care and support needs. People told us they were supported by a consistent team of staff who knew them well.

Using medicines safely

- The service had appropriate systems in place to support people with their medicines. This included medication administration records (MARs) which were being accurately completed by staff. People's medicine was securely stored within their homes.
- Staff completed training in administering medicines before they would support people in this area. Regular competency checks were undertaken by senior staff to ensure staff could safely support people in this area.

Preventing and controlling infection

- The supported tenancies we visited were clean and tidy and people were supported to do as much as they could for themselves. Staff completed appropriate checks of cleaning and equipment as required.

- Staff has access to equipment to prevent the risk of infection which included disposable aprons and gloves, and red bags to safely manage soiled laundry. During our visits we saw that staff were using this equipment. There were appropriate policies and procedures in place to underpin this.

#### Learning lessons when things go wrong

- Accidents, incidents and safeguarding were analysed for themes and trends. Learning points were identified and shared across the services. This included information from near misses. There were processes in place to ensure actions were followed up.



# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant 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 care needs were assessed and clearly recorded. Care plans provided staff with information and guidance about how these care needs were to be met in line with people's preferences.
- People told us that staff knew them and their care need. People told us, "They know my likes and dislikes and how I like it." and, "They are lovely the staff. They let me take my time. I wouldn't change anything." Relatives told us, "Staff know [family member] and are able to interpret them well." and, "I don't have any concerns. The staff are excellent and very effective."

Staff support: induction, training, skills and experience

- Staff completed a wide variety of training including moving and handling, food hygiene and training specific to the needs of the individuals they are supporting. Staff told us, "There is lots of training available, autism, communication, food safety and so on. They will put on more training if it's needed."
- Staff told us they had completed a full induction and said, "There is lots of flexibility with induction." and, "I found the induction really useful." All staff has recently completed updates into new policies and procedures.
- Staff told us they felt well supported and had regular supervision. They said, "Things are really good. There is lots of support. I get regular supervision and we can deal with things informally whenever needed."

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

- People had individual care records which contained detailed information about how a person was to be supported with eating and drinking. Where people had difficulties in this area, appropriate information and assessment had been sought from other health care professionals, such as speech and language therapy, and this advice had been incorporated into the care records.
- People's preferences with regard to food and drink was clearly recorded in care records. Where possible people were involved in deciding what they would like to eat, planning a healthy and balanced menu and preparing meals.

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

- People and families were positive about how they were supported in this area. A relative said, "Staff work as a team. They took my [family member] to the GP recently and staff rang me and explained everything to me. They did everything as I would have done." One person told us, "I tell the staff if I am not well and they get me help and give me medication if I have a cold." Hospital passports with people's up to date information to aid the transition should people require medical treatment.

- Care records demonstrated that the service worked closely with other agencies and services including social workers, doctors, and speech and language therapists. Advice and guidance from these agencies were included within people's care plans.
- Care records contained details about people's health needs and what this meant for the individual. Records also included detail information about how people communication included information about how a person would communicate that they were in pain and provided staff with guidance into what action should be taken in response.

#### Adapting service, design, decoration to meet people's needs

- People were involved in how their home was decorated. Bedrooms were personalised and reflected the person and their preferences and interests. People were supported to apply for funds to improve their home. In one supported tenancy, people had turned the garage into a gym and games room and staff told us this area was used regularly.
- Homes had been adapted to ensure they were accessible and suitable for the people living there. This included ramps and stair lifts for people with mobility issues and a suitable environment for people with autism.

#### 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 when this is in their best interests and legally authorised under the MCA. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service had made suitable applications when people were identified as being subject to restricts.
- Care records contained detailed information about people's capacity and was specific about areas where the persons capacity may fluctuate. People were supported and encouraged to make decisions as much as possible.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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 are all good. They are caring and the listen." "The staff are very good. I like living here and get on with the staff." and, "I like everything as it is. Staff are kind and caring and say nice things to me. I don't want it to change." Relatives confirmed this and said, "The staff are really nice, really good." "I'm happy. The staff are fantastic." and, "My [family member] gets lots of opportunities and the staff most definitely care."
- Staff we spoke with clearly knew people well. They were all very committed to providing good quality care and passionate about the people they were supporting. They told us "I love this job. Its great seeing people getting out and doing things they enjoy. We can be really creative."
- The service gave careful consideration when transitioning people into service. People were involved in discussions as to who they wanted to live with and choosing how their home was decorated. Time frames were flexible and dependent on the individual and their needs.

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

- People told us their views were respected and staff understood their likes and dislikes. They said, "I feel safe with the staff and I do talk to them if I have a problem. They do things how I like and help me with lots of things."
- Care records contained detailed about how people communicated, their likes and dislikes and provided guidance for staff on how to meet people's needs and promote choice. People told us, "I can do what I want. I get up early most days, but I can stay in bed late on my days off."
- Families told us that they felt involved in decision making and said, "We all share information and come up with a plan." "I want to be in a partnership and I've been impressed with how they handle things." and, "Staff keep me informed of everything. We work as a team."

Respecting and promoting people's privacy, dignity and independence

- People told us that staff respected their privacy and treated them with dignity. They told us, "Staff talk to me nicely and I get on with them. They knock on the door and I let them in."
- Care records contained details information about how to support people and encourage them to be as independent as possible. Staff had clear knowledge about how to support people to be independent and resources were available to support this. One person told us, "They help me with banking and cooking a meal and making my bed."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and relatives told us they had been involved in developing care plans. People told us, "Staff know how I like things." and, "I can talk to staff. I like the support I get." Relatives said, "We have regular meetings with staff and talk about various things. We are kept well informed." and, "They ring for my input."
- Care records contained detailed information about people's preferences which guided staff on how to support the person with all aspects of their care and support needs. People were promoted to have choice and these decisions were respected.
- People's care records were very person centred and specific to the individual and their needs. Staff were generally positive about the care plans and told us, "The new care plans are really good. They have tried to consolidate all the information. It's much easier to read and you can't miss anything."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans contained detailed information about people's communication needs and preferences and a variety of tools were available to ensure people could receive information in a way they would understand. There were policies to underpin this.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There was detailed information about people's interests and hobbies provided within care records. Where possible people were involved in developing a weekly routine which incorporated a variety of activities that they enjoyed. Consideration to spiritual and cultural needs was given and incorporated into care plans.
- We saw that people were engaged in a variety of activities both within their home and outside. One family member told us, "I like how they structure the week. They do all sorts of things. They are always busy." and another said, "They take [family member] out and about all over the place. They go on boat trips, trips to the airport, shopping."
- People were supported to maintain their relationships with friends and families. This included supporting people to maintain friendships with people they had previously lived with. For example, friends visit the persons home for a meal with support from staff.

Improving care quality in response to complaints or concerns

- People told us they felt able to raise concerns. One person told us, "If I was unhappy I would talk to my manager. I have never made a complaint."
- Relatives knew how to complain and most, although not all, felt these were well addressed. They said, "The manager is very approachable. I do know how to make a complaint. We liaise with staff and have meetings, so we feel really involved and its team work." and, "I have made a complaint. I know the manager and it was resolved. The organisation is professional."
- There was a complaints policy in place and records demonstrated that when complaints and concerns were raised these were investigated and any themes and learning was shared across the organisation.

#### End of life care and support

- At the time of the inspection nobody was receiving this type of support. Staff gave us examples of how they had supported people when a member of the house had died. This had included talking about the loss and creating a memorial within the garden.
- There were end of life care plans in place for people who wished to engage in discussion around this area. These were detailed and clearly reflected people's choices, preferences and interests.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The people and relatives we spoke with were very positive about being supported by the organisation and told us the service was well run. For example, they told us, "I can't think of anything I would change. The service is ideal." "The staff are brilliant. I like living here." and, "I'm getting a good service."
- Everyone we spoke with told us that communication worked well within the service. Relatives told us, "They keep me informed of everything." and, "The service is excellent. Communication is good. There is always someone available." Staff told us, "Everything we need to know is easily available and we have good updates. The support is there if we need it. There is always someone you can ask."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- At the time of the inspection the manager was in the process of registering with the CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.
- The manager was aware of their responsibility to report events to the CQC through statutory notifications and these were being completed as required.

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

- Feedback surveys were collected from people, relatives and staff. The feedback received was generally positive and had been used to formulate an action plan and improve services.
- The service held a number of different types of meetings to engage people, families and staff in the service. This included meeting with staff and service user from each tenancy.

Continuous learning and improving care;

- The service had a number of processes for quality assurance. This include a variety of audits and analysis of records to look for themes and trends in areas such as accidents, incidents and safeguarding's. Learning from these was shared across the service.
- The Quality Manager was undertaking analysis of various areas and had recently undertaken detailed

analysis of supervision records for staff and team meeting records. Feedback of learning was shared across the service and this was being followed up to drive improvements.

#### Working in partnership with others

- Records showed that staff communicated effectively with a wide range of health care professionals to ensure that person accessed the support they needed in a timely manner.
- People engaged in a variety of activities and the service had close working relationship with these organisations. This included specialist services and local community services.