

Cheshire East Council

Crewe & Nantwich

Supported Living Network

### Inspection report

Care4ce, Crewe Lifestyle Centre  
Moss Square  
Crewe  
Cheshire  
CW1 2BB

Tel: 01270371263

Date of inspection visit:  
21 September 2017

Date of publication:  
20 October 2017

### 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

This inspection took place on 21 September 2017.

The service had moved address in July 2016 and registered as a new location with us. This was their first inspection under their new registration.

Crewe and Nantwich Supported Living Network is a service provided by Cheshire East Council. It is registered to provide personal care. It is a domiciliary care and supported living service to adults with learning disabilities or autistic spectrum disorder who live in their own homes. People either own their own homes or live in properties where they have a separate tenancy agreement with a social landlord. The amount of support people receive varies from one call per day to 24 hour support. At the time of our inspection there were 29 people being supported.

A registered manager was in post and was present during our inspection. 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.

Staff had received training in and understood how to protect people from any harm and abuse. Systems were in place for staff to follow which protected people and kept them safe. Staff knew how to and were confident in reporting any concerns they may have about a person's safety.

Risk assessments reflected how care should be provided to the person to minimise any risks to them; they were regularly reviewed to adapt the level of support needed in response to people's often rapidly changing needs. People were supported to take their medicines safely and when they needed them.

People were happy they were supported by sufficient numbers of staff to safely meet their needs. Checks were completed on potential new staff to make sure they were suitable to work with people in their own home.

Staff had the skills and knowledge to understand and support people's needs. Staff were supported in their roles by managers and their colleagues.

Staff asked people's permission before they helped them with any care or support. People's right to make their own decisions about their own care and treatment were supported by staff. Where people were unable to make their own decisions these were made in their best interests by people who knew them and other relevant professionals.

Staff supported people to maintain a healthy balanced diet and supported them to make their own choices about what they wanted to eat and drink. People's health needs were met and they were supported to make

and attend health appointments.

People were supported by staff who knew them well and had good relationships with them. Staff regularly spoke with people about their care to ensure the support plans in place met their current needs.

People were encouraged to express their views, preferences and wishes in regard to their care, support and treatment. People were supported by staff in a dignified and respectful manner, with a focus on how they could maintain their optimum level of independence.

People were happy with the care and support they received and gave positive comments about the staff and management at the service. People were able to give their opinions of the care they received at meetings and direct to staff.

The service had a positive culture where staff worked for the benefit of the people they supported. The provider had systems in place which assessed and monitored the quality of care and support staff provided. The quality of the service provision was kept under review and although we found some issues these were actioned quickly. Staff were happy in their work and felt supported by management and involved in the development of the service.

## 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.

People were supported by sufficient numbers of staff who were trained to recognise and protect people from harm and abuse. Where risks to people's safety were identified plans were in place and followed to help reduce these risks.

### Is the service effective?

Good ●

The service was effective.

Staff had received training to give them the skills and knowledge to meet people's needs. Staff respected people's right to make their own decisions and supported them to do so. Where required, people were supported to eat and drink enough and access healthcare from other professionals.

### Is the service caring?

Good ●

The service was caring.

People were treated with kindness and respect and felt involved in their own care. They had positive relationships with the staff that supported them because they saw them regularly. Staff respected people's privacy and dignity when they supported them.

### Is the service responsive?

Good ●

The service was responsive.

People's care was kept under review to ensure it met their individual needs. Staff were responsive to any changes in people's health and wellbeing and took appropriate action when changes were identified. People and relatives were encouraged to give feedback about the care they received.

### Is the service well-led?

Good ●

The service was well led.

People gave positive comments about the care and support they received from all staff and managers at the service. Staff understood what was expected of them and were supported in their roles. The quality of the service provision was kept under review and feedback we gave to the registered manager was actioned quickly.

# Crewe & Nantwich Supported Living Network

## **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 visit took place on 21 September 2017 and was announced.

The provider was given notice because the location provides a domiciliary care service and we needed to be sure that someone would be there.

The inspection team consisted 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.

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Before our inspection we reviewed information held about the service. We looked at our own system to see if we had received any concerns or compliments about the service. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We contacted representatives from the local authority and Healthwatch for their views about the service. We used this information to help us plan our inspection.

During the inspection we spoke with six people and five relatives on the telephone. We spoke with nine staff which included support workers, senior support workers, the registered manager and the service manager, who was also the nominated individual. A nominated individual is a senior manager within the provider's

organisation who acts as the main point of contact with us. We viewed nine records relating to people's care, risk, medicines and consent. We also viewed four staff recruitment records and records relating to how the service was managed.

## Is the service safe?

### Our findings

People told us staff supported them to remain safe in their own homes. They also knew the staff well, which helped them to feel safe and felt comfortable with having the staff in their own homes. One person said, "I have never felt safer, I love it." People told us they would speak with staff if they felt concerned for themselves or others. People's own safety was discussed with them at meetings. At a recent meeting, staff had discussed 'stranger danger' with people and what they would do if a stranger came to their door.

Staff we spoke with were able to tell us how they kept people safe and protected them from harm and abuse. All staff told us they would not hesitate to report concerns about a person's safety to their line manager. Staff told us that people could be abused or discriminated against both within their homes by staff or other people and also when they were in the local community. The registered manager knew the process to follow in raising any safeguarding concerns with the local authority. Recommendations made by the local authority were followed to ensure people remained safe. This helped to make sure people were protected from the risk of abuse, discrimination and avoidable harm.

People's support was provided in a way that enabled them to live their lives safely. One person told us that staff talked to them about risks and they knew why certain things had to be done a certain way to keep them safe. One relative spoke about their family member having no sense of danger. They told us staff kept the person and their environment safe. Staff were aware of risks associated with people's care and knew the support they needed to help keep them safe. These included risks to people's wellbeing and safety such as the use of equipment as well as risks identified within people's own homes. One staff member said, "We keep them [people] safe by following the risk assessments and support plans that are in place. These tell us what they are at risk from and what we need to do to help keep them safe. We test their fire alarms with them and report faults and repairs to the landlord." Risks to people's safety had been assessed and plans were in place to minimise these risks.

People told us they were supported by enough staff who had the time to support them safely. Relatives also confirmed that the staffing arrangements made sure their family member was supported safely. Staff worked in either the Crewe or Nantwich areas and told us they sometimes did not see the same people on a regular basis. The registered manager told us where possible people who used the service had their care and support provided by the same staff members to ensure continuity to their care. However, due to short notice staff absence and some staff vacancies, the registered manager acknowledged this was not always possible. They always tried to cover any shifts with their permanent staff, but on occasion they did use agency staff. The registered manager told us that any agency staff used always worked alongside the permanent staff. The provider was currently recruiting for new staff to fill staff vacancies.

People were supported by staff who had received appropriate checks prior to starting work with them. Staff did not start work until criminal checks on their background had been completed. These checks are called disclosure and barring service checks. This helped to ensure potential new staff were suitable to work with people in their own homes.

People were supported by staff to take their prescribed medicines. They and their relatives told us they got their medicine when they needed it and it was kept safe by staff. People needed differing levels of support to take their medicines which varied from a reminder to take a medicine or staff administering all their medicines. One person told us that staff reminded them when they needed their medicines and made sure they took them on time. Some people had medicine given to them only when they needed it, such as pain relief. Information in people's records gave staff clear instruction on why and when people might need this medicine. Only staff who had completed training supported people with their medicines.

## Is the service effective?

### Our findings

People felt that staff cared for them in the right way and knew how to meet their needs. They thought staff knew how to do their job and were trained to know the support they needed to provide. Relatives were happy with the skills and knowledge of the staff that supported their family members.

Staff had access to training which gave them the skills and knowledge to support people's needs. Most staff we spoke with had worked at the service for some time and knew people's needs well. When we spoke with staff they were knowledgeable about what support people needed and their personalities. However, not all relatives and staff felt staff had the level of understanding needed to support some people's specific health needs and that this could be improved on. The registered manager and service manager told us the provider had already recognised the need for improved training for staff in specific areas. The provider had put plans in place and was working to improve training for staff.

Staff had support and supervision within their roles to enable them to support people effectively. Even though not all staff had regular and formal one to one discussions with their line manager, they all agreed they were supported. Staff had opportunities to talk about people's specific needs, share practice and any new ways of working through group and more informal meetings. Staff related issues were discussed with line managers and the registered manager. They also were issued with a staff handbook, which contained information they needed to inform their practice such as policies and procedures.

People told us they were asked for their consent to their care and support when staff helped them. One person said, "They tell me what's going on and I know if I don't agree with something I can say no and they will stop." Staff we spoke with understood their roles and responsibilities in regards to gaining consent and what this meant or how it affected the way the person was to be cared for.

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. Staff understood their responsibilities in making sure people were supported to make their own decisions. They also understood what they needed to do when people did not have capacity to make specific decisions. One staff member said, "It's about choice, can they [people] verbalise their choices and opinions and if not, then we make sure they get the opportunity to. If they can't make decisions because they don't have the capacity to understand then the MCA applies. If I had a concern about someone then I would report it so a best interests meeting is done."

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. For people receiving care in their own home, applications to do this must be made to the Court of Protection. The registered manager had identified where people were potentially being deprived of their liberty. They understood and had consulted with the local authority about these applications. Where decisions had been made on behalf of people we saw these

had been made in their best interests with involvement from family and a multi-disciplinary team of professionals. This ensured that people's rights were protected and their best interests considered when decisions were made on their behalf.

People were supported to have enough to eat and drink and maintain a healthy diet. One person told us "The staff take me food shopping and we decide what to eat." Another person said, "(Staff) help me to eat healthily and they keep an eye on my weight. I get weighed every week on a Friday; they are really good with us." One relative told us their family member was encouraged to follow a healthy diet. They said, "They are definitely supported with healthy eating and has enough to eat. They check [person's name] weight too." Some people needed support with preparing and cooking meals. Staff told us they followed the person's choice and offered encouragement for them to do as much as they were able. They recognised that although people may have capacity to make their own decisions about what they ate and drank, they had to be mindful of ensuring and encouraging them to make healthy choices. Where they felt someone was not maintaining a balanced diet they told us they would speak with their line manager.

People told us staff supported them to make health appointments to help them maintain good health. Relatives told us that their family members were supported with their regular health checks and staff would accompany them to appointments if family could not. One person told us staff supported them to make appointments with the dentist and doctor and would remind them when appointments were needed. Where people had developed swallowing difficulties or required special diets they had been referred to the Speech and Language Team (SaLT) to assist them eat and drink safely. People had health action plans in place which described the support they needed to stay healthy and informed staff when healthcare appointments were due. We noted one person was overdue their dental and optician appointments. We spoke with the registered manager about what we had found and they took action to make sure these appointments were booked for this person. They also told us they would speak with the senior staff to tell them to make sure all health action plans were up to date.

## Is the service caring?

### Our findings

People were complimentary about staff and told us they liked them. They told us they knew the staff that supported them and felt they had built positive relationships with them. One person said, "They [staff] are kind, nice people." Another person told us they saw the same staff all of the time, "24 hours". This was important to them because they knew the staff and were comfortable with them. They said, "They know me, they know my routine and what I do. That's important to me." One relative said, "I think it's brilliant, they [staff] seem to think a lot of [person's name] and the other service users." One relative spoke about their family member who needed a lot of care and support. They told us staff spent time interacting with them and supporting them to spend time with family. "[Person's name] is supported well, staff go out of their way for them, very helpful"

On the day of our visit some people came to the office to talk with the inspector. We saw people were relaxed in the company of the staff at the office. It was obvious that people knew the staff well; this included the seniors, administrative staff and the registered manager. People knew the staff's names and spent time talking and laughing with them.

People told us they had the opportunity to talk about their lives and personal interests with staff, and they enjoyed their company. They agreed that staff listened to what they wanted and respected their choices. A keyworker is a staff member who works closely with people to review and update their needs, goals and achievements. One person told us they had a key worker and they would talk with them about the goals they wanted to achieve. They wanted to go on holiday and their keyworker was helping them to achieve this. They said, "I tell them what I want; what goal I have and they put it into a plan. We talk about it and make sure it's right. I can't fault any of the staff. They always tell me what's going on." Relatives told us they felt involved in their family members care. One relative said, "Staff are very caring, they are very good. They ring me up each day and evening to let me know how [person's name] is."

People told us the information provided to them was in a format they could understand. The registered manager told us at the moment easy read format was fine for the people who used the service. However, if they needed more accessible formats this would be accessed through the provider and wider organisation.

Staff told us they kept people involved in their own care by always speaking with them. One staff member told us about how they supported one person who had little verbal communication. They said, "We still offer them choice and talk about what's happening. For instance we'll show them different foods. If they can't tell us what they want we look at their body language. This person will smile or look at their choice. Another person will point at their choice. It's always their decision and we'll make sure that they have the opportunity to make their choice known."

People told us how important it was for them to do what they could, so that their independence was maintained. One person said, "They do what they can for me. I cook and clean and they [staff] are there to help if I need them. I ask for help, they don't take over or push in." Staff understood the importance of encouraging people's independence. One staff member said, "We have to make sure they are doing as much

for themselves as they can. We'll stand back but we're there if needed. We'll encourage them to do things for themselves or with us if they still need that bit of support." Another staff member told us that rather than making a cup of tea for a person, they would encourage them to do it by saying, "Come on; let's make it together".

People felt that staff were respectful of their privacy and dignity. They told us staff always knocked on their doors before entering their homes and spoke to them in a respectful manner. One relative said, "Staff are very caring, [person's name] is always treated with dignity and respect." Staff were aware of how to ensure people's dignity when they supported them. One staff member said, "We have to be aware when supporting them with personal care, close the door, give them space and time. We always knock before we enter their homes."

## Is the service responsive?

### Our findings

People were supported the way they wanted to be. They told us staff asked them about how they wished to be supported to meet their personal and social care needs and they felt staff knew them and their wishes well. One person said, "I love it (the service), it's brilliant. I get a lot more staff here. I get to go places and see my family. I was not happy in the previous place." Relatives spoke positively about the support their family members had received. One relative told us they had seen improvements in their family member's communication and wellbeing since they had started using the service. The said, "[Person's name] is happier here than they have ever been. They have a core group of staff and they all get on very well." They also told us their family member can become agitated on occasion. They told us staff were quick to recognise when this happened because they knew them well." One healthcare professional told us the service was person centred and good at responding to people's needs.

People and relatives told us that the staff and management team discussed their care and health needs on a regular basis with them. They told us they contributed to the planning and assessment of their care and how they wanted it delivered. They agreed that they were able to voice their opinions and were asked about their wishes and preferences. One person told us staff asked about their likes and dislikes and said, "They know me well."

People received support that was responsive to their current and changing needs. People were supported by the use of assistive technology which helped them receive a responsive service. One person told us they had assistive technology which alerted staff when they had a seizure. This enabled them to live more independently and gave them the reassurance of having staff available when they needed them. Healthcare professionals supported staff to provide a responsive service. Where one person was at risk of skin breakdown, staff worked closely with the local district nurse team to ensure they had the equipment and support they needed. Staff told us they spoke with the senior if they felt risk assessments or support plans were not working. This could be due a change in people's needs. One person had started to find it difficult to use their bath and needed support from staff. After a shower was fitted this person could now shower by themselves. One staff member said, "People's needs can change on a daily basis. We have to make sure we know the person and follow their support plan so we can recognise when something changes." Staff told us how they used a resource tool where they recorded specific information about a person's daily health. By completing this resource they could accurately see where health needs changed and the action they needed to take.

Some people had hours funded for social support and the service was responsible for making sure people received this support. People were positive about the support they received and told us they chose what they wanted to do with their social time. People told us they attended day services, the gym, the swimming pool, the library. One person said, "They help me a lot with my money (budgeting), going to the gym and help me shop for what I need." One relative told us staff took their family member for visits to the local park, to see the ducks and they were "very happy". She keeps in touch with family and friends.

People were able to give their feedback about the service they received through one to one and group

meetings with staff. They had opportunity to talk about how things were going, did they want anything changing and did they have any comments, complaints or compliments. One person told us staff asked for their views and was asked if they were happy. They also told us that they got asked at meetings and felt confident to say if they were not happy with anything.

People told us if they had any complaints or concerns they would speak up and let staff know. One person said, "If I have any problems, the staff help me or they phone the office and I come to the office to talk with the (registered) manager." No one we spoke with had made a complaint to the service. Relatives told us when they had had issues in the past but these were quickly resolved. One relative told us the registered manager was very responsive to responding to concerns. They said, "[Registered manager's name] is excellent, on the ball and very quick to respond to emails I send." The provider had a system in place to manage complaints. Whilst no complaints had been recorded in the last 12 months, we saw processes were in place to investigate and respond to people.

## Is the service well-led?

### Our findings

People and relatives told us they thought the service was well managed. One person said, "[Registered manager's name] is brilliant, in fact I can't fault any of them [staff], they're all great." One relative told us they were kept updated about changes to staff and management. Any new staff were introduced to their family before they started working with their family member. People and relatives found the culture of the service open and honest and were confident to speak with staff or managers about any concerns they may have. One relative said, "Communication is very good, they (staff and managers) are in touch with me on a regular basis, I can ring them anytime."

Staff described the registered manager as supportive, approachable and helpful. They told us the registered manager expected them to promote people's dignity and independence and this was discussed by the registered manager at staff meetings. They felt supported in their roles by senior staff, office staff and the registered manager and enjoyed working at the service. One staff member said, "If we've got issues or are not happy with something we tell the seniors. They rely on us to raise concerns when people can't. There are always seniors available to talk to. I'm comfortable talking to and raising concerns with the [registered] manager. I always put my opinion forward and am listened to, things get done here." Staff were confident to 'whistle blow' and report poor practice or any concerns they may have. They were confident these would be addressed by management immediately. Staff were kept involved and updated on the service and wider organisation through regular staff meetings and a weekly newsletter written by the chief executive of Cheshire East Council. Minutes from meetings and the newsletter were circulated to staff. There was also a suggestions box at the service office for staff to leave comments about future service development.

The registered manager told us they were supported in their role and had support available from their line manager and other registered managers within the organisation. They attended regular manager meetings where they were able to share practice with other managers. Registered managers across the organisation completed investigations at each other's services. This helped to share practice and identify lessons learnt across the organisation.

The provider had systems in place to assess, monitor and report on the quality of care provided at the service. Quality was continually monitored at location level and this information was relayed to the provider regularly through an internal report. The provider requested key information on service delivery, including accidents and incidents, staffing and safeguarding. Staff told us they recorded any incidents or accidents which were then passed to the clinical lead for their awareness and action. Any trends which emerged from incidents were monitored by the registered manager and provider.

The registered manager had already identified some issues we saw at our inspection visit. Staff supervisions were not taking place as often as the provider expected and action was being taken to make sure these were bought up to date for staff. During our visit we found that the care records we looked at were not always complete and information not always easily accessible. The most up to date care records were kept at people's homes and senior staff had responsibility to scan care records onto the service's computer system for storage. We found this had no impact on the care and support people received. They also acknowledged

that not all observations of staff practice were recorded by seniors. Although seniors told us they observed staff working with people, they only recorded these where there were issues with staff practice. The registered manager acknowledged these needed to be formalised and linked more effectively with staff supervision meetings.

The registered manager understood their regulatory responsibilities and the requirement to keep us updated on specific events that happen at the service. However, we found one safeguarding incident which had not been notified to us through a statutory notification. The registered persons are required by law to submit these statutory notifications. These ensure that we are aware of important events and play a key role in our on-going monitoring of services. The registered manager confirmed that although the appropriate referral to the local authority had been made, they had failed to notify us. They acknowledged they had not done this and that it had been an oversight and provided further information to us. We found there had been no impact on the person and plans were in place at the time to keep this person safe.