

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

CWAC West Cheshire Network

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Cheshire West and Chester Council
Registered Manager	Ms. Elaine Downes
Overview of the service	The agency is run by Cheshire West and Chester Council to provide care and support to adults who have a learning disability and who live in their own homes. The aim of the agency is to promote independence, develop confidence and increase skills. The agency currently supports 18 people in their own homes.
Type of service	Supported living service
Regulated activity	Personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 7 February 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

We were able to speak individually with two of the people using the service who told us they were happy with the support provided. Some comments made were "If I have a problem I know who to tell"; "I can get what I need" and "I like the staff".

We found people were treated respectfully, given support to have their say in how they wanted to be helped and were supported to do the things they wanted to do.

Systems were in place to offer protection to the people who used the service from abuse and people spoken with confirmed that they felt safe and had no concerns regarding the care provided.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People's privacy, dignity and independence were respected. During our visit, discussions we had with members of the staff team showed they had a clear understanding of the need to respect and value the people they supported. People we spoke to stated that they enjoyed living there and it was clear that staff found supporting people rewarding.

People were encouraged to express their views and to be involved, where possible, in making decisions about their care and treatment. We looked at the care plans of four people and saw that before a person accessed the service a detailed assessment of their abilities and needs was undertaken. We saw that the initial care plan was reviewed within four to six weeks of the person accessing the service and amendments were made, where necessary. We also saw that reviews of care plans took place regularly and involved the person who accessed the service and/or their relatives or advocates.

We saw evidence that people's choices were respected in how care was delivered and how they wished to be supported. 'House meetings' were held on a regular basis.

During our inspection we spoke with staff about the different ways in which they communicated with the people they supported. This included the use of gestures, pictures and note pads, which were used to assist people to be more independent and make choices. We saw that staff interacted positively with people and talked to people in a kind and respectful way, altering their communication styles in order to meet individual needs. People who use the service were given appropriate information and support regarding their care or support.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We looked at care plans for people using the service. The care plans were personalised and provided detailed guidance about how people's needs should be met and including person centred plans which were reviewed every 12 months or as appropriate.

Each person had risk assessments incorporated within their care plans which identified hazards people may face and provided guidance on how staff should support people to manage the risk of harm for such issues as: challenging behaviour, epilepsy and activities (swimming).

There was evidence to support that care plans and risk assessments were reviewed regularly by the staff to ensure they were current and relevant to the needs of the person. There was evidence within the care plans that the people who use the service and their relatives and advocates, where appropriate, had participated in the reviews of care plans.

Together with care plans we also noted that each person has a daily record book, health passport and a health action plan. We noted that the health passport was split into three sections, alerting staff to important information about the person. Health action plans contained tracking sheets which recorded items such as: hospital appointments and regular blood tests.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

The registered provider had developed internal policies and procedures to provide guidance to staff on 'safeguarding vulnerable adults' and 'speaking out at work' (whistle blowing). The details of the procedures had also been included in the staff handbook. A copy of the local authority's safeguarding procedures policy was also in place together with a copy of the neighbouring local authority's safeguarding procedures policy which was stored on the intranet. However it was noted that not all staff had access to the intranet.

Discussion with staff and examination of training records confirmed that staff had access to 'protection of vulnerable adult' (safeguarding) training.

We also noted that the training records confirmed that all staff had received current and relevant training.

We noted in the service user's homes we visited that there was no basic information which guided staff through the process of making a safeguarding referral and also that due to recent restructure hard copies of policies and procedures were not available for staff and would be unavailable for staff out of hours. We discussed this with the manager who confirmed that they would take immediate action to ensure that policies and procedures in hard copy were available and that guidance would be made available to staff in each service user's home and will confirm to CQC when this has happened.

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

The service was provided to people who lived in either houses or bungalows. People shared with one or two other people and each person had their own room and access to all of the facilities within the house or bungalow. Each home had a senior carer responsible and that person was also assisted by three support workers who worked on a rota basis.

The service was gated however access was not specifically monitored which was a policy of the service. The provider made use of assistive technologies throughout the service and we observed various forms of this and it being used.

The houses and bungalows had been purpose built and offered people accommodation suitable to their needs. Fire exits were clearly marked and extinguishers had been maintained and were located in prominent areas throughout each house building.

We reviewed various files relating to the safety of the premises such as the fire inspection records, electrical safety, risk assessments, service records and COSHH files and found these all to be well maintained and current. Likewise we reviewed maintenance records for the equipment used throughout the homes and found these to be maintained and current.

The provider may wish to note that each home's Health and Safety files, which contained checklists, were not completed consistently across each house. We also noted that the provider had not conducted a fire drill or had a fire drill risk assessment in place.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

Information about the safety and quality of service provided was gathered on a continuous and on-going basis via feedback from the people who used the service and their representatives, including their relatives and friends, where appropriate.

The provider told us that Service Supervisors carried out monthly self-inspections to review standards across their area of responsibility including, staff supervisions, meetings attended, training monitoring, medication and finance checks.

The self-inspection process enabled the Unit Manager to have an overview of events and how well the service was progressing. We were told that the Unit Manager also completed a self-inspection monthly, as well as an inspection of one network property relating to the quality of service delivery and feedback from the service user group in residence.

We reviewed evidence of these self-inspections for November and December 2013. Staff members we spoke with said they did understand their responsibilities and they would have no hesitation in reporting any concerns. They all felt confident they could raise any issues and discuss them openly within the staff team and with the manager.

The people we spoke with had no complaints about the service. They said that they felt able to express their views about the service they received.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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