

East Cheshire Housing Consortium Limited

East Cheshire Housing Consortium

Inspection report

The Courtyard
Catherine Street
Macclesfield
Cheshire
SK11 6ET

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11 January 2021

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

East Cheshire Housing Consortium is a community-based service providing support to 92 people at the time of the inspection. People receiving a service require varying levels of support as a result of ongoing mental health needs, ranging from 24-hour support in a supported living setting to domiciliary support. During the inspection we identified many people receiving support, also had a learning disability or were autistic.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

People were supported by staff who had received a detailed induction and suitable training to meet people's needs. People receiving support spoke positively of the care and support they received and told us they were happy.

Systems were in place to manage risks to people's health and wellbeing and medicines were managed safely.

The service was well-led. Staff felt well supported by an open and honest culture. The provider also worked effectively with other professionals and organisations to ensure positive outcomes were achieved for people. Robust systems had been introduced which ensured there was an improved level of oversight and monitoring of the quality of support being provided to people.

People were supported to have maximum choice and control of their lives and staff them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. People were supported to be as independent as possible and a person-centred approach was clearly demonstrated in support plans. People were consulted on the support they received and changes which affected their life. Support plans were regularly reviewed with people to ensure they received the support they wanted.

Right support:

- Model of care and setting maximises people's choice, control and independence

Right care:

- Care is person-centred and promotes people's dignity, privacy and human rights

Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives

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

Rating at last inspection and update

The last rating for this service was requires improvement (01 May 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an announced comprehensive inspection of this service on 01 April 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, staffing, need for consent and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions of Safe, Effective and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for East Cheshire Housing Consortium on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

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. 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

This inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing. Specialist housing consisted of eleven 'supported living' settings, where people receive support to live as independently as possible. East Cheshire Housing Consortium refers to these settings as 'schemes'. 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.

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 a short period of notice of the inspection because we needed to seek consent to speak to people receiving support before we visited the office location.

Inspection activity started on 07 January 2021 and ended on 19 January 2021. We visited the office location on 11 January 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service by telephone about their experience of the care provided. We spoke with eight members of staff including the registered manager, one board member, one senior manager, one team leader and four support workers.

We reviewed a range of records. This included six people's care records and four medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at the training data and quality assurance records.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the provider had failed to consistently ensure medicines were managed safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The medication policy had been rewritten. Input had been sought from a pharmacist during its development to ensure it complied with national requirements and best practice guidance. We found the improved systems in the policy were fully implemented. This included for people who were prescribed medicines to be administered 'as required'.
- The recording of the administration of medication had improved and records accurately reflected the directions of the prescriber. We did identify a small number of recording issues which were raised with the registered manager. These were immediately addressed and rectified.
- Medicines were administered by staff who had been suitably trained.
- People receiving support felt their medicines were managed safely. One person told us, "The staff help me know what I am taking. Staff are very good in making sure I take [my medication]."

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from the risk of abuse. People confirmed that they felt safe and secure with the care they received. One person told us, "The support is great, staff are really good. I would speak to management if unhappy."
- Staff received training and were able to describe the actions they would take if they suspected a person was being abused.
- Staff were confident in the whistleblowing procedures in place. Staff told us they felt they would be protected if they raised concerns and the registered manager would treat any concerns seriously.
- Records demonstrated any concerns had been appropriately reported to the local authority safeguarding team and fully investigated.

Assessing risk, safety monitoring and management

- Systems were in place to ensure risks were managed safely. People we spoke with understood their support needs. Risk assessments had been developed and support plans directed staff to safely manage these risks.

- Records demonstrated people had been consulted when their risk assessments and support plans were developed and reviewed. One person told us, "I can always request to see my plan and we review monthly. I have a keyworker."
- The service worked with external professionals to support people with complex mental health needs. Where staff worked in environments with known risks to themselves and others, they had received specific training to help them identify, de-escalate and manage unpredictable behaviours.

Staffing and recruitment

- Recruitment procedures were safe. Pre-employment checks were carried out to ensure staff members were suitable for the role.
- There were sufficient numbers of staff employed and this was confirmed by people receiving support. One person told us, "There are plenty of staff."
- Some staff expressed frustration as the service had been utilising temporary (agency) workers. Staff we spoke with however confirmed this had not had any negative impact on people's support. We reviewed staff rotas and discussed agency use with the management team. We were assured the provider had a commitment to ongoing recruitment. Where appropriate, people receiving support had been consulted on their views about agency workers and consistent workers were pre-booked as much as possible.

Preventing and controlling infection

- Systems were in place to protect people from the risk of infections. People confirmed staff wore appropriate personal protective equipment (PPE). One person told us, "Staff wear facemasks all the time."
- Conversations with staff assured us they understood the PPE requirements during the Covid-19 pandemic. One staff member told us, "Yes have lots of PPE. We wear a mask when in work. Wear gloves and aprons also with any care needs."
- Staff had completed training and received regular guidance from the provider to ensure safe practices during the Covid-19 pandemic. In addition, the provider had appointed staff 'leads' to ensure Covid-19 related risks were safely managed.

Learning lessons when things go wrong

- Staff understood how to record, manage and report incidents and accidents safely.
- Incidents and accidents were reviewed by the registered manager and records demonstrated appropriate actions were taken to mitigate risks.

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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

At our last inspection the provider failed to ensure people were asked for their consent to care and treatment in line with principles of the Mental Capacity Act (2005). This was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- Support plans demonstrated consent was now sought and recorded appropriately. Where it had been identified a person may be unable to consent to an area of support, mental capacity assessments had been completed.
- People receiving support confirmed their consent was sought. One person told us, "I give consent to have a night check and also consent for staff discussing stuff with my mum."
- The provider had introduced a policy and template document for use when recording consent and assessing capacity. In addition, principles of the MCA were appropriately reflected in other policies such as safeguarding adults and also visiting procedures; introduced as a result of the Covid-19 pandemic.
- Staff had now received training. Staff also demonstrated a clear understanding of the principles of the MCA.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure all staff had received sufficient training to be able to carry out their role and responsibilities. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Since the last inspection, the provider had introduced new training and induction policies. These described the organisation's approach to learning and development.
- Training records had improved; robust records of all staff training were now maintained. We identified a small number of staff who had not completed all the required training. This was discussed with the registered manager who provided assurance this had already been identified and actions were already in place to address this. Staff without the required training did not work directly with vulnerable people.
- The provider had recently recruited a number of new staff. New staff spoke positively of the support they received, the induction process and training available. One told us, "It was a good induction, each house has similar paperwork and I got time to get to know people and care plans." Another told us, "I feel training was good and taught me what I needed to know."
- Staff were also appropriately supervised and confirmed they had regular one to one meetings and appraisals with their line managers.

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

- There was an effective approach to assessing people's needs. All referrals were discussed by the management team to ensure people's individual support needs could be met, to identify further professional input and to identify additional staff training which may be required.
- Following an assessment, clear support plans were developed, involving the person who would be receiving the support. Staff told us these plans were easy to follow and understand.
- The service worked closely with other agencies to provide consistent and effective care. One staff member told us, "If we have a new service user, we would get professionals involved to give guidance."
- People had access to a wide range of external health and social care professionals; support plans demonstrated the service followed professional's advice.

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

- Staff demonstrated a clear understanding of people's nutrition and health needs. Support plans identified health needs as well as potential risks which could impact on a person's physical well-being. For example, one support plan identified a person had diabetes; however, lifestyle choices relating to diet caused a risk to their physical health. A person-centred approach was taken to the support respecting the persons choice; whilst ensuring staff promoted healthy eating, were aware of potential risks and the actions they should take if the person became unwell.
- When the need was identified, staff supported people to develop independent skills such as preparing healthy meals to maintain a balanced diet.
- People receiving support confirmed they had access to healthcare services and told us staff would help them to make appointments. Detailed records were maintained.

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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to implement robust quality assurance systems. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Since the last inspection, systems had been introduced to improve the level of oversight and monitoring of safety and quality. The provider had also engaged with an external consultant who continued to provide ongoing support to the management team.
- Regular audits were now completed at a 'scheme' level and by the registered manager. From these audits, clear actions plans were developed. We saw evidence these were kept under regular review.
- Regular quality assurance meetings led by the registered manager with the 'scheme' managers had been introduced to review performance, identify trends and themes. These systems were effective in identifying areas of improvement.
- The registered manager was clear about their role and understood their responsibility to notify the CQC of events that occurred within the service. We found appropriate notifications had been submitted in a timely manner.

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

- There was a positive and open culture demonstrated throughout our inspection. The provider understood and acted upon their duty of candour responsibility.
- The registered manager and staff spoke candidly about pressures they had experienced as a result of the Covid-19 pandemic. One manager spoke with pride about the commitment of staff to the people receiving support during this time and told us, "Staff have been amazing during Covid. Staff have tried to be really creative to keep people occupied during lockdown, they have gone all out in a very stressful time."
- There was a shared commitment to delivering good outcomes for people. The registered manager described the purpose of the service, "To provide a safe, secure and caring provision to people who are

vulnerable." Staff we spoke with demonstrated an understanding of this. One staff member told us, "I just like working with the people. After 25 years as being a number [in previous employment], here, I feel I have contributed to make someone's life better."

- At the time of the inspection, the provider was planning to introduce a new approach to support planning which had been developed to help people achieve their personal goals in life through a recovery focused model of support.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager sought feedback from people through service user feedback forms. These were regularly discussed and reviewed by the management team at quality assurance meetings.

- Service user meetings were also held within individual schemes. Records demonstrated people receiving support were consulted and kept informed about issues which impacted on them.

- Staff also told us they felt supported in their role and supported by the management team. Regular team meetings were in place for staff to share their views. We were told, "It's a very good company to work for."

- The registered manager worked closely with external professionals to ensure people's needs were met.