

Warrington Community Living

Warrington Community

Living

Domiciliary/Supported

Living Network

Inspection report

The Gateway
89 Sankey Street
Warrington
Cheshire
WA1 1SR

Tel: 01925246870

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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

About the service: Warrington Community Living is a registered Charity. It provides a range of community services for adults and older people in the Warrington area. The service is registered to support people with a variety of needs including people with learning disabilities.

CQC only inspects the service being received by people provided with 'personal care'. This includes help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At this inspection there were 41 people using the service out of which nine people were in receipt of a regulated activity.

People's experience of using this service:

We saw good examples of how people were supported to remain safe at times when they were at risk.

Robust safeguarding training and policy assisted staff to keep people safe.

Staff were proactive and supported people to take positive risks, ensuring they had maximum choice and control of their lives.

There was a recruitment processes for staff. We noted that some documented pre-recruitment checks were not available at inspection but this issue was resolved after the inspection.

There were environmental safety issues found at two of the assisted living schemes we visited during the inspection. As a result, we have made a recommendation about this in the 'Safe' section of this report.

There was a matching process, which ensured that staff were suited to care for people.

Medicines were managed safely and people were supported with their medicines.

There was an open and transparent culture in relation to accidents and incidents and they were used as opportunities to learn and reduce risks.

People's needs were met through robust assessments and support planning.

The service worked with other healthcare professionals to achieve positive outcomes for people and to improve their quality of life.

Staff had good knowledge and skills and the training made available to them ensured people's needs were well met.

We saw good examples of when people had been supported to maintain a healthy and balanced diet

People with complex health needs received care and support that was positive and consistent and which improved their quality of life.

The provider's policies and systems ensured people were supported to have maximum choice and control of their lives and were supported in the least restrictive way possible.

People told us staff were compassionate and kind.

Staff expressed a commitment to ensuring people received high-quality care.

Staff knew people well and supported them to maintain relationships with people that mattered to them.

People were encouraged to learn new skills to enhance their independence and were treated with dignity and respect.

People received care and support that was person-centred.

We saw good examples of how the care and support people received enriched their lives through

meaningful activities.

The service was proactive in its response to concerns or complaints and people knew how to feedback their experiences.

The registered manager planned and promoted holistic, person-centred, high-quality care resulting in good outcomes for people.

The values and culture embedded in the service ensured people were at the heart of the care and support they received. Staff told us they received excellent support from management and staff told us they were proud to work for the service.

There was an open and transparent culture and people were empowered to voice their opinions. People told us the service was well-managed.

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

Rating at last inspection:

At the last inspection, the service was rated outstanding (published 28 October 2016).

Why we inspected:

We carried out this inspection based on the previous rating of the service.

Follow up:

We will continue to review information we receive about the service until we return to visit as part of our re-inspection programme. If any concerning information is received 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?

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.

Warrington Community Living Domiciliary/Supported Living Network

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act. 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 consisted of an inspector and an assistant inspector.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in housing schemes, their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it is small and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection site visit activity started on 7 May 2019 and ended on 8 May 2019. We visited the office location on both days.

What we did:

Our inspection was informed by evidence we already held about the service. We also checked for feedback we received from members of the public and the local authority. We also checked records held by the Charities Commission.

Our plan took into account information the provider sent us since the last inspection. We also considered information about matters the provider must notify us about, such as events involving injury. We obtained information from the local authority commissioners and safeguarding team and other professionals who work with the service.

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. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection we visited the service's office and met people and staff at three housing schemes where support was provided. At the visit to the office location we saw the registered manager, provider's representative, care staff and office staff. We also reviewed care records and policies and procedures. We telephoned four people who used the service and two relatives during the inspection.

We reviewed five people's care records, five staff recruitment and personnel files, staff training documents and other records about the management of the service.

After the inspection we continued to seek clarification from the provider to corroborate evidence found. We looked at training data and quality assurance records. We spoke with one professional who visits a person who used the service.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management

- At two of the schemes we visited there were safety issues. At one scheme a communal bathroom was not fit for use as the extractor fan was broken and there was significant mould on the ceiling. There was a strong smell of mould as you entered the bathroom. At another scheme, a person had mental capacity issues and had access to cleaning products and their medicines. Although in these cases the service did not control the environments, the issues should have been realised and acted upon to ensure people were safe.

We recommend that the service adopts a revised policy of environmental checks at all schemes in line with available best practice to ensure that all potential safety issues are considered before people use accommodation and facilities. Any issues should be reported to landlords in an appropriate recordable manner.

Staffing and recruitment

- Recruitment systems and processes were in place. In two of the six files we considered, there were insufficient documented recruitment checks prior to the members of staff starting work. This issue was centred around staff who had transferred from another registered provider by way of the Transfer of Undertakings (Protection of Employment) (TUPE) arrangements. After inspection, the registered manager and provider representative provided further information that supported that the staff members had been safely recruited. In addition, a report and revised recruitment policy was provided that would improve on this point in future.
- People said there were sufficient numbers of staff available to support their needs. We observed a good staff presence at the schemes we visited during the inspection.

Systems and processes to safeguard people from the risk of abuse

- People were safe. The service ensured vulnerable people were protected.
- Where required, the service provided support to people to keep them safe. People were protected and the service engaged with people's family and health and social care professionals where people could be at risk.
- Staff were well trained in safeguarding and had good skills in ensuring people remained safe. Staff we spoke with were competent around understand safeguarding processes and the signs to look out for of potential abuse in a community setting.

Using medicines safely

- In one of the four care and support plans we considered there was contradictory information that may have confused staff around medicines administration in the event of an emergency. This could have led to a person not receiving their medicines as prescribed. This issue was resolved during the inspection. In other respects, medicines were managed safely by suitably trained and competent staff.

- We saw a good example of how a person was supported to be as independent as possible with their medicines.
- Medicines records were audited by senior staff members when they carried out monitoring visits.

Preventing and controlling infection

- Staff were trained in the control and prevention of infection. Staff told us that they helped people to keep their homes clean and tidy.
- People told us that staff wore personal protective equipment. This was available to staff at the schemes we visited.
- We noted that staff had completed training in food hygiene.

Learning lessons when things go wrong

- Systems were in place to share lessons learnt following incidents and complaints. We saw examples of when safety issues had occurred. These were recorded and reviewed by the registered manager. We also noted they were discussed in meetings and supervision sessions with staff.

Is the service effective?

Our findings

The nature of the safety issue covered in the 'Safe' section of this report supports that the service was not delivering care and support to the level that had been found at the 2016 inspection. This has resulted in a rating reduction from 'Outstanding' to 'Good'.

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

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

- The service gathered as much information as possible about a person before starting a new package of care. The registered manager and senior staff carried out a needs assessments to ensure the service could meet people's needs. We noted that this included assessments from health and social care professionals.
- Reviews of care records were completed and information contained in care files was up to date. This meant staff had access to the latest available material so they could support good outcomes for people.
- Staff knew people's preferences, likes and dislikes. Information within care records included meal choices and personal hygiene routines.

Staff support: induction, training, skills and experience

- The service had a robust system in relation to the induction, training and supervision of staff.
- All the staff we spoke with confirmed they had an induction when commencing employment and received regular supervision and appraisal sessions with management staff. Staff who had no previous experience in health and social care were required to complete the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers.
- Staff said they had attended various training courses and this was a mandatory requirement. One staff member told us, "I am encouraged to attend training and we are required to complete external qualifications as well."
- Records showed that staff had accessed a number of courses including, safeguarding, emergency first aid, moving and handling, medicines, and specialist techniques to support people to eat.

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

- The service supported people appropriately with eating and drinking. One person told us, "Staff help me to eat and drink healthily but they don't shout at me if I sometimes eat take-aways."
- If it was part of the agreed package of care and support, staff supported people with their dietary needs. Care files contained a good level of information about how to support people with their individual dietary requirements.

Staff working with other agencies to provide consistent, effective, timely care

- People told us that staff took timely action and provided proper support when they required the use of different services. One person's relative said, "They [staff] have been working with a specialist about getting

a different wheelchair for my relative."

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

- The service supported people to ensure their surroundings and environment met their needs. At one scheme, one person enthusiastically showed us their bedroom and how it had been set out and decorated consistent with their wishes.
- We noted where people had a disability affecting their mobility, their living arrangements were compatible with their condition. For example, one person could not mobilise upstairs and they had a bedroom on the ground floor with storage facility for their mobility aid.

Supporting people to live healthier lives, access healthcare services and support

- The service supported people to live healthily. One person said, "I am better off here. The staff support me and I am encouraged to engage with doctors. This has helped my stability and health."
- The provider had a robust system when people were transitioning between services. Records showed the service supported people to access healthcare services such as GP's and community nurses as and when required. We noted one healthcare professional commented, "I understand that the service properly refers people to support services and specialists to ensure people are protected and their lives are enhanced."

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 so that they can receive care and treatment with appropriate legal authority. When people are using services in the community, the Court of Protection has to agree to any restrictions on people's liberty.

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

- At the time of the inspection, most of the people using the service had capacity to make their own decisions. Appropriate restrictions were applied on those who were not able to make some decisions. We noted the service had made representations to the local authority around this. In these cases, there was extensive family and social care professional involvement to ensure people's best interests were preserved.
- MCA training was included as part of the induction so staff had an understanding of the legislation. The registered manager and senior staff understood their responsibilities in relation to this legislation.
- Care records we looked at showed consent had been sought and people had signed their care plans in agreement to the care and support being provided.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported and cared for. People told us staff were compassionate and kind. One person's relative said, "We've really been involved with the service and they are lovely with my relative." Another said, "We've built up a really good relationship with the staff they call us if there are any issues."
- Staff demonstrated their commitment to ensuring people received high-quality care and support. For example, one member of staff said, "I do everything I possibly can to help people and support people respectfully and am completely supported by the manager to do this."
- The registered manager and staff knew people well. We observed positive interactions between people, staff and the registered manager; people were comfortable in each other's presence.
- People were supported to maintain contact with people who were important to them and to have relationships that were meaningful. During the inspection, we noted a person and their relative were being supported together by a member of staff in a short holiday by the seaside.

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

- People and their relatives were involved as part of the care and support processes. One person's relative told us, "I see the manager and care staff and we talk about all aspects of my relative's care and welfare."
- Information contained in people's care records showed their histories and backgrounds were covered. It also showed, where appropriate, that relatives had been consulted with as part of the support provided to people.
- Care records directed staff to give people choices when supporting them. One person said, "Staff always ask my view before we make a decision; this helps me feel important."
- People had access to advocacy services if they required. Advocacy seeks to ensure that people are able to have their voice heard on issues that were important to them.

Respecting and promoting people's privacy, dignity and independence

- The service respected people. One person said, "Staff guide me rather than make decisions for me and this is helping my independence and confidence."
- Staff were able to describe how they promoted people's privacy and dignity. For example, when we visited schemes we noted staff only entered people's bedrooms with permission.
- Confidential information was stored securely and only authorised staff had access to sensitive material and records.

Is the service responsive?

Our findings

The nature of the safety issue covered in the 'Safe' section of this report supports that the service was not as person-centred as had been found at the 2016 inspection. This has resulted in a rating reduction from 'Outstanding' to 'Good'.

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received care and support that was person-centred and this was embedded in the culture of the service. We noted one set of core values of the service was, 'Supporting individual rights, needs, choices and dreams.'
- The theme of feedback we received from people and their relatives was that the service and staff were passionate about meeting people's needs and providing a good service to people. A relative told us, "My relative make most of his own decisions – he picks the food he wants when he is out and then he goes and pays for it himself. He is supported completely by staff around this."
- Staff had a good understanding of people's needs, preferences and wishes. Support plans reflected how the person wanted to be supported and what they wanted to achieve.
- The service was responsive to people's changing needs. Staff regularly reviewed and updated people's support plans and made appropriate referrals to relevant professionals, when required.
- Information was available in a variety of formats to meet the communication needs of people. For example, easy to read information and picture cards were being utilised to assist people.
- People were supported with their educational needs and wishes. We saw good examples of how the service and staff were enabling people to attend college.
- People had support to undertake activities, hobbies and interests. Staff used innovative ways to enrich people's lives and make them feel more meaningful through the use of activities. For example, one person with disabilities was being supported to swim and horse ride at a competitive level. The transition from having little or no ability to being able to perform at this level had occurred under the supervision and with the encouragement of staff at the service.
- The service embraced technology and used this as a means of achieving positive outcomes for people. For example, we saw how modern technology had been used to support people who were physically disabled to be as independent as possible around their home.
- The registered manager fully understood their responsibilities in relation to the Accessible Information Standard. Information was available in many different formats, depending on the person's needs.

Improving care quality in response to complaints or concerns

- The service was proactive in responding to any concerns or complaints raised. None had been received since the last inspection.
- People knew how to provide feedback about their experiences of care. The service provided a range of ways to do this through monitoring visits, regular surveys and meetings.

- People and their relatives were given information about how to make a complaint and were confident that any complaints they made would be listened to and acted upon in an open and transparent way.

End of life care and support

- At the time of the inspection, people were not receiving care and support at the end of their life. However, the service had processes and policies to be able to support people and their relatives at this important time.
- The provider ensured end of life training was available for staff.

Is the service well-led?

Our findings

The nature of the safety issue covered in the 'Safe' section of this report supports that the service was not as well-led as had been found at the 2016 inspection. This has resulted in a rating reduction from 'Outstanding' to 'Good'.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The service, registered manager and staff planned and promoted holistic, person-centred, high-quality care and good outcomes for people. Their values and the culture embedded in the service ensured people were at the heart of the support they received.
- All of the people and relatives we spoke with told us they had regular communication with the office, staff were accessible and they knew who the registered manager and allocated staff were.
- Records relating to the care and support of people who used the service were accurate, up to date and complete. Policies and procedures were available to support staff in the delivery of care and support.
- The provider representative and registered manager had an understanding of their responsibility of duty of candour. Duty of candour is intended to ensure providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in general in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, truthful information and an apology.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was effective management oversight in the service but until the inspection, managers were not aware of the safety issue covered in the 'Safe' section of this report.
- When we spoke with the provider representative, registered manager and staff, it was clear that there was a clear vision to deliver high-quality care and support. There was also clarity about individual roles with everyone striving to ensure people received positive outcomes.
- The registered manager demonstrated a high level of experience and capability to deliver good care and an in-depth knowledge of people who used the service.
- Everyone we spoke with told us the service was managed well. One person said, "Managers get involved and help us all a lot. They are brilliant."
- The registered manager and provider representative demonstrated good knowledge of their regulatory obligations. The most recent inspection rating was displayed and all regulatory notifications had been made to CQC. A regulatory notification is an alert registered providers must send to CQC about an important event

or issue.

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

- There was a positive culture of engaging staff, people using the service and their relatives in order to help provide good care that promoted positive outcomes for people.
- There was an open and transparent culture that supported equality and inclusion. People were empowered to voice their opinions through many different forums so that their voice was heard. This included meetings, questionnaires and surveys. This allowed the service to monitor, reflect and develop based on people's experiences.
- The registered manager supported an 'open door' policy so people could approach them directly and discuss their concerns openly and in confidence. People and staff told us the registered manager was approachable and they would have no hesitation in speaking with them.
- A person who received the service, and who had a visual impairment, was supported and actively involved in the recruitment panel for employing new staff to the service. This was an example of how the service promoted and focused on getting people's voices heard.

Continuous learning and improving care

- There was a strong emphasis on continuous learning and development within the service. It was clear the success of the service was celebrated and shared and this was covered in the service's various articles and publications that people could access.
- The service had quality assurance processes and systems to monitor and improve the service. We noted the registered manager discussed this with staff at team meetings.
- Annual surveys were sent out to people who used the service and their relatives. We noted that the results from the 2018 survey were positive about the care and support people received.
- During inspection, we saw the registered manager and staff encouraged feedback from people. For example, in a telephone conversation with a person's relative, a member of staff was sympathetic to the issue and asked how the service could assist their loved one.
- There were plans to continue improvements and expansions within the service and we noted that this was discussed at meetings with staff.

Working in partnership with others

- The service worked in partnership with key organisations to support care provision and service development. There were good examples of when the service had successfully worked in collaboration with external professionals such as social workers and specialist nurses.
- Since our inspection in 2016, the service had taken over another service and people using that service had also transferred. The service had worked extensively with the local authority and other partners in relation to the transfer. Feedback around the assistance provided during that period was unanimously positive.