

City Care Partnership Limited

City Care Partnership Limited

Inspection report

Riversdale House Resource Centre
18 Gatley Road
Cheadle
Cheshire
SK8 1PY

Tel: 01614281086

Website: www.citycarepartnership.co.uk

Date of inspection visit:

30 May 2019

05 June 2019

Date of publication:

12 August 2019

Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service:

City Care Partnerships is a domiciliary care agency. It provides personal care and support to people living in their own houses and in five 'supported living' settings. They support autistic people and people with a range of complex learning disabilities. At the time of the inspection 16 people were being supported by the service.

People's experience of using this service:

The service had improved its overall rating of good awarded at the last inspection in 2016 to Outstanding.

The service had been developed and designed in line with the principles and values that underpin Registering the Right Support and this had led to highly person-centred care and support. The principles reflected the need for people with learning disabilities and autistic people to live meaningful lives that include control, choice, and independence.

People's lives were greatly enhanced by innovative and creative person-centred support that maximised their opportunities for self-development and growth.

People told us the support from staff was 'fantastic' and 'amazing'. Relatives told us that the staff team were "phenomenal" and "absolutely fantastic" in their understanding of supporting autistic people. They described the input of the service as being 'life-changing'.

Staff were passionate and really cared about making a difference to the people they supported so that they could lead the best lives possible. People were supported to lead fulfilling, active lives and to be active citizens within the local and wider community. This had led to people's aspirations and dreams being realised.

Great emphasis was placed on people being physically and mentally active to promote well-being. Yew Tree Hub, the provider's unique activity hub complex, was a key feature of the services success. People worked at Yew Tree dog kennels, helped to run a stable and livery centre and to grow and sell organic farm produce. Expressive arts were a major focus with many opportunities for dance, song, music, art and drama. This had led to long-term employment and volunteering opportunities that people and their relatives had previously not thought possible.

The service had a proven track record of providing exceptional care and specialist support. This was achieved through input from the providers Central Support Team (CST) employing a clinical psychologist, a speech and language therapist and trained behaviour specialists. Great emphasis was placed on analysing and using data to understand people's behaviours that maybe challenging and communication needs.

The staff team were highly trained and this had led to a major reduction in behaviours that may challenge

the service and the need to use physical interventions with people. People were exceptionally well supported when transitioning between services, especially for people whose previous placements had broken down. As a result people's outcomes and quality of life had been significantly improved through this exceptional support planning.

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

People we spoke with and staff told us the leadership and management was inspiring. The service acted as a role model for other services sharing ideas and best practice and had been nationally acknowledged as a leader in the learning disability sector.

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

Rating at last inspection: The last rating for this service was Good (published August 2016).

Why we inspected: This was a planned inspection based on the previous rating.

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 remained safe

Details are in our Safe findings below.

Good 

Is the service effective?

The service had improved and was exceptionally effective.

Details are in our Effective findings below.

Outstanding 

Is the service caring?

The service had improved and was exceptionally caring.

Details are in our Caring findings below.

Outstanding 

Is the service responsive?

The service had improved and was exceptionally responsive.

Details are in our Responsive findings below.

Outstanding 

Is the service well-led?

The service had improved and was exceptionally well-led.

Details are in our Well-led findings below.

Outstanding 

City Care Partnership Limited

Detailed findings

Background to this 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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

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

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 notice of the inspection because some of the people using it could not consent to a home visit from an inspector. This meant that we had to arrange for a 'best interests' decision about this. There were some people who use the service who's behaviours might of been unsettled by a visit and we gave notice so that staff could prepare them and gain their consent. The inspector sent a photograph prior to the visit to help with the preparation.

What we did before inspection:

We used the information the provider sent us in the provider information return. This is information

providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This included information that the provider must notify us about. We also used feedback from professionals who work in the local authority commissioning and safeguarding teams. We used all of this information to plan our inspection.

During the inspection:

We visited three supported living houses and met with people at the provider's Yew Tree Hub complex. Overall we spoke with 14 people who used the service and four relatives about their experience of the care provided. We spoke with 13 members of staff including the provider, the registered manager, director, area manager, two team leaders, and five support workers. We met with members of the provider's Central Support Team; the behaviour support team manager and an assistant psychologist.

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

We asked the registered manager to send us further documents after the inspection. This included training records and outcomes of quality audit checks. These were provided in a timely manner and this evidence was used to inform our judgements. After the inspection we spoke with three health professionals who worked closely with the service.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm, abuse and discrimination. Staff were well-trained and knowledgeable. Safeguarding was built into working practice.
- People and their relatives said they felt safe with the support of staff both in their own homes and out in the community. One person said, "I feel very safe. If I had any worries I could go to the staff."
- The provider's ethos ensured harassment, discrimination and bullying were challenged. People were empowered to speak up and to understand the concept of bullying through person-centred stories.

Assessing risk, safety monitoring and management

- Risks to people's health and safety were assessed and mitigated. The provider's risk management systems were highly developed to identifying and reduce risks.
- People were very well supported to take positive risks to ensure they were able to access the community and live fulfilling lives safely. People were helped to better manage their emotions and responses by using social stories, visuals aids and comic strip conversations. This gave people skills to be safer and more in control.

Staffing and recruitment

- People were well supported as staffing levels were carefully monitored to ensure people received prompt care and support to achieve their goals. Staff said that staffing levels were maintained at a good level and they had enough time to meet people's needs.
- The service followed safe recruitment procedures to help ensure staff were of suitable character to work with vulnerable adults. People were involved in the recruitment process in a meaningful way with support to give feedback.

Using medicines safely; Preventing and controlling infection

- Medicines were managed in a safe and appropriate way. Staff received training and had their competency regularly assessed. People's medication was regularly reviewed and medicines were reduced, where appropriate, to achieve more positive outcomes for people.
- Staff were trained in infection prevention and control and had access to personal protective equipment like disposable gloves and aprons.

Learning lessons when things go wrong

- The registered manager and provider promoted an open culture of continuous learning when things went wrong. Safety concerns raised were highly valued as integral to learning and improvement. The service had

recently improved working practices as a result of investigating when mistakes had been made when dispensing medicines.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

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

- People's assessment of need was highly individualised leading to exceptionally well-planned care and outcomes for people. Great emphasis was placed on analysing people's behaviour and how they responded to staff and different approaches.
- The providers Central Support Team provided clinical assessments of people's behaviour to give staff clear instruction on the best ways to support, enable, and empower people. The team included clinical psychologist input, a speech and language therapist and trained behaviour specialists. The provider commissioned an additional 70 hours per month from an independent psychologist to offer additional professional support and scrutiny.
- Effective communication with the use of low and high 'tech' tools were a key feature of the service. One example was how the providers speech and language therapist recorded video training clips into people's electronic support plans for staff to play so that they could enhance their communications skills with people. People had been supported to communicate effectively for the first time. This had enabled them to take part in new activities and interact with more people. One person who's communication had previously been very limited had played a key part in a musical put on by the service at a local theatre.
- Staff told us of 'great achievements' and improved quality of life for some people who previously needed two or three staff to go into the community now only needed one staff member. One relative told us, "My son is now enjoying life and having adventures. It's remarkable what the hard work of staff has achieved."
- City Care Partnership had been nationally acknowledged and received awards for being at the forefront of work in assessments, planning and interventions for autistic people. One such award was for innovative practice from the British Institute for Learning Disabilities for implementing positive behaviour strategy's (PBS). PBS is an enabling model of working and positive risk-taking with people with a learning disability.
- Through the continued promotion of the PBS model the need for using physical interventions with people had significantly reduced over the past year. This allowed people to go out in the community and do more activities.
- Health and social care professionals were extremely positive about how people's needs were being assessed when transitioning between services. They continued to use the plans in training sessions as examples of good practice to other providers.

Staff support: induction, training, skills and experience

- People who used the service were creatively supported by well trained and highly skilled staff teams. People highly praised the skill, knowledge and support from the staff team. One person said, "The staff get

me when I'm worried or anxious and can tell what mood I'm in and what to do."

- Relatives told us that the staff team were "phenomenal" and "absolutely fantastic" in their understanding of supporting autistic people. One relative told us, "They've tried things we would never have thought of. We are included in training and use the same approach as well now. My relative's progress is off the chart. We are over the moon and he has a positive future now."
- Innovative training programmes had been devised for PBS practice leaders and for trainee team leaders; including being allocated an experienced trained mentor as requirement of gaining a place on the course. Staff were continually required to demonstrate positive outcomes for the people they supported through the PBS strategies they had learnt.
- Staff were encouraged to develop and take on specialisms and champion roles, like autism practitioners, dignity champions, LGBT leads and staff well-being ambassadors. Champions were given additional training and went on national conferences to share best practice with the staff team. This had been recognised as setting industry leading best practice in continued professional development by The National Autistic Society.

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

- Staff used creative ways to support people to live healthier lives. People were supported to take an active lead in taking care of their own health needs. Story lines and easy to read materials helped to make people less anxious about attending appointments. People spoke knowledgeably about their own health and actions they needed to take, such as increasing exercise and cutting down on sugary foods.
- The services speech and language therapist and PBS practitioners worked intensively with the staff team to promote people's health. A person with an extremely limited diet related to their behaviour had for the first time achieved a more balanced diet and a healthy weight gain. The staff team had discovered a hypersensitivity to new foods and by using straws to by-pass the taste buds they had gradually introduce new foods. Their relative told us, "We have been trying to introduce new foods for years with no success. The change in him has been amazing, he is much healthier now and gets less colds and virus."
- The service had renewed its commitment to the Health Charter for Social Care Providers. This is a national evidence-based initiative designed to tackle health inequalities people with learning disabilities experience. The service produced a monthly Health Charter newsletter to set health challenges such as: a competition to create a healthy cream tea to coincide with an Alice in Wonderland production the service was due to stage; to try out a new sport; and to cook a healthy meal for friends that included more than four vegetables.

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 with appropriate legal authority. Where people are deprived of their liberty in their own homes, applications must be made directly to the Court of Protection.

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

- People's rights were very well protected. Staff at all levels were well trained and aware of the MCA guidelines. They used this in their day to day work to assess people's capacity to make decisions. The service

was proactive in setting up and carrying out best interest meetings and including relevant others and where necessary contacting advocates.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question had improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Respecting and promoting people's privacy, dignity and independence

- The provider ensured promoting people's independence and autonomy was at the heart of the service's work. Staff were very aware of the importance of building self-esteem and demonstrated this in the way they interacted with people every day. One person who had always wanted a pet was supported by staff to have three different types of pet and to take responsibility for their care.
- People had made significant achievements, made possible because of the dedication and hard work of staff. Staff recognised and celebrated people's successes in their independence and meeting goals. A newsletter was produced with people and used to share news and achievements. Many of the articles were written in the person's own voice and unique style.
- People and their families told us that the input of the service had been life-changing. Relatives told us staff respected and championed people's ability and right to 'take control' of their own lives and support. One relative said, "I think it's above and beyond this company, amazing compared to other places they have lived. The staff really do care about people getting the most out of life."

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

- There was an exceptionally strong and visible person-centred culture. Staff went out of their way to ensure people were treated equally and fairly. Staff had excellent underpinning knowledge around equality, diversity and human rights and translated this into real practice each and every day. For one person, who spoke a number of different languages, the service made sure a staff member was available to them who could speak at least two of them. Staff made sure people's cultural needs were being well met.
- People were supported with relationships that were important to them and to have meaningful relationships. Some people had been supported to get married and others to have long-term relationships. Staff went to considerable lengths to ensure people had regular contact with family and friends. One relative told us, "The staff have been brilliant in helping us to increase the amount of contact that I am able to have. We have lots of contact now and we all benefit from it."
- Staff had developed strong and supportive relationships with people. Staff consistently treated people in a very kind and compassionate manner. We saw lots of laughter and joking between people and staff. People told us the support from staff was 'fantastic' and 'amazing'. One person said they had their dream of going to Wembley come true when a director of the organisation managed to get tickets for the semi-final match of the team they supported. This person had been through a difficult time and the whole staff team worked hard to make the dream come true.

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

- Staff were passionate about giving people a voice and making them central to the running of the service. People had true ownership of their care and support plans and were fully involved in making-decisions about their care. One person told us, "I get to say what I want to do. I love what I can do now because of the staff."
- Staff demonstrated a detailed knowledge of effective communication with a range of creative ways used to enhance people's ability to be understood, both verbally and non-verbally. The registered manager had designed an easy read laminate sheet prior to the inspection to let people know who the inspector was and what to expect from the inspection process. This helped to reduce people's anxiety and gave them time to think about what they want to say. This meant people were very engaged in the inspection process being keen to tell us what they thought and had been doing.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care. The values that underpin Registering the Right Support were seen in practice at this service. There was overwhelming evidence that the core values of choice, promotion of independence and community inclusion were at the centre of people's day to day support.

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

- People's lives were greatly enhanced by innovative and creative person-centred support that maximised people's opportunities for self-development and growth. People, their relatives and healthcare professionals described the support as exceptional in making a difference to people's lives.
- People's outstanding achievements and progress were the culmination of the services meticulous detail to care planning, the expertise of the CST and staff dedication to empower people.
- The service was exceptional at helping people to express their views, wishes and aspirations. One person told us the difference staff support had made to them, "Staff have helped me do charity work, which I love, and to get my dream job." This had involved staff regularly working in the early hours of the morning to support this person going to work. And another person told us how much they felt in control and could make choices. They told us, "This is my life and I get to live it the way I want."
- The services CST's speech and language therapist and PBS practitioners had analysed non-verbal communication and fine-tuned staff responses which had led to a dramatic reduction in challenging behaviours.
- A relative told us, "We have seen him grow in confidence. Its really quite unbelievable that he now joins in with other people. The fact he now enjoys company is a huge achievement. We have been really impressed with both the professionalism and dedication of the staff and the effectiveness of the systems and routines in place."

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

- People were leading fulfilling and active lives and were supported to engage as full citizens within the local and wider community. Staff had been hugely successful in supporting people into work, volunteering and leisure activities. The service placed great emphasis on people being encouraged to be physically and mentally active to promote their well-being.
- The provider had set up a unique activity hub complex, Yew Tree Hub, which gave people a range of jobs, training and life skills opportunities. People worked at Yew Tree dog kennels, helped to run a stable and livery centre and grew and sold organic farm produce. Other people gained skills in woodworking,

photography, fishing and bike maintenance. One person described their role in regularly supporting the farrier to shoe the horses. This person's work was featured in the providers newsletter in their own voice. They said, "I go and get my horse and take him to the farrier. I tell him to stay calm and give him a horse kiss on his nose and horse treats."

- The provider's philosophy was to strive for people to have parity and meaningful inclusion. Expressive arts were a key focus for people with opportunities for dance, voice training, song, music, art and drama. People regularly played a central role in cultural and recreational activities in the community. Many of the events put on by the service such as musicals were performed in mainstream theatres. People took part in Manchester carnivals making floats, sang and performed break dancing at local festivals, and had joined local choirs. Their feedback about these opportunities was exceptional.

- The service ensured those with more complex needs were also fully involved in activities and supported to achieved skills and training awards. We saw how one person had gained training certificates in animal care. A relative told us staff worked tirelessly to overcome barriers and ensure their relative lived as full a life as possible. One staff member said, "It's all about what the person wants and sometimes just pushing them that bit further. We open up horizons. People have done it all, gone to festivals, entered break dancing competitions, climbed mountains, canoed, and experienced white rapid rides in Spain. There's nothing off limits for people we support."

Meeting people's communication needs

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

- The service took innovative steps to meet people's information and communication. People were supported with voice recording devices to help learn and retain information, and documents were in an accessible and comprehensible format.
- Staff were very familiar with people's bespoke methods of communication and used them effectively to interpret what people liked and wanted. Each person had a very clear communication passport in place. Staff used Makaton and signing with people. Makaton is a language programme designed to provide a means of communication to individuals who cannot communicate effectively by speaking.

Improving care quality in response to complaints or concerns

- The service dealt with complaints in an open and transparent way, with no repercussions. People who used the service, their family, friends and other carers felt confident their complaint or concern would be explored thoroughly and responded to in good time.
- The registered manager told us, "We actively use complaints as part of improving our service. It is a key feature in all service reviews. Staff are trained on how to manage and use complaints constructively to drive up quality."

End of life care and support

- Currently no one in the service was receiving end of life care. However, people using the service had been supported to understand loss and helped with family bereavement.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- People's quality of life was significantly improved by the actions and involvement of the service and its staff teams. People and their families told us that the input of the service had been life-changing. The provider had a proven track record of achieving outstanding care and outcomes for people they supported. Three of the providers five services had gained an outstanding CQC rating.
- Leaders, managers and staff had a well-developed understanding of equality, diversity and human rights, and they prioritised safe, high-quality, compassionate care. One of the provider's aims was 'Being active, being bold – making a real and lasting difference.' People, relatives, staff and health professionals described the management and leadership as exceptional and distinctive. One person told us how positive the registered manager was with them, "He's always telling me 'yes you can!' And staff also told us his mantra was "manage the risk, maximise achievement".
- There were a well-defined set of shared values centred around person-centred care and a real sense of celebrating people as unique individuals. The registered manager told us, "Parity is the heart of our culture. We champion diversity, and challenge inequality."
- People and staff were involved in reviewing and developing shared values and had created a set of agreed values describing what they expected from each service. People were involved in assessing new staff against these values and continued to use these in staff appraisals.
- The service encouraged and promoted innovation. A team leader used their IT expertise, to devise a programme to record in real time a person behaviours. This meant staff could respond and adapted their approaches effectively to their mood and behaviour at any given time.

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

- The management team led by example and were recognised as leaders in the learning disability sector and had won national recognition and awards for their work with people. This had included from BILD for innovative use of positive behaviour support, leading to a reduction in the use of restraint, and awards for training from The Autistic Society.
- The service continued to develop new initiatives to drive up the quality of the provision. The provider had achieved further national recognition for its innovative approach to Periodic Service Reviews (PSR). This was a highly effective quality assurance tool that place people's outcomes as the measure of the success of the

service.

- There was a strong focus on learning from incidents and adverse events within the PSR systems. Staff at all levels and people in the service had been trained to use the various tools. Senior staff received 15 months training to be able to lead on and complete the full reviews. This included the services responsibilities under the duty of candour to inform those involved in incidents.
- The provider was extremely proactive in sharing the good practice with other providers to help improve care outcomes in other services. The providers services had been highlighted in the Skills for Care Quality Matters publication as examples of how providers could achieve good and outstanding practice.

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

- People were involved in the service to the maximum extent possible. The service was an important part of the community. People's activities were focused around community involvement and getting to know their local surroundings.
- Staff were highly motivated within their role and there was a culture of nurturing talent. Staff members told us they had been inspired to make a difference. One told us, "It's been a fantastic opportunity to increase your knowledge and see the difference to people's lives." We saw how staff had been supported to achieve management, vocational qualifications and to become practice leads and role models in positive behavioural support.
- There was a strong commitment to equality and inclusion across all areas; with a strategy in place to help support staff members with disabilities to apply and gain roles. They supported staff from other cultures and promoted the LGBT rights of staff and the people they supported, with easy read literature and group contact details and meetings.

Working in partnership with others

- The service acted as a role model for other services. The service had strong links with other local organisations, including voluntary and health organisations, and used these to good effect to ensure people received opportunities and good health outcomes. The registered manager and senior management had given presentations to other care providers sharing examples of best practice and promoting outstanding care philosophies.
- Health professionals told us the service had developed extremely strong and valuable relationships with them to ensure joined up and co-ordinated care and support.