Cheshire East Council

Knutsford Supported Living Network

Inspection report

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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

This inspection visit took place at Knutsford Supported Living Network on 07 July 2016 and was announced. We told the registered manager before our visit that we would be coming. We did this to ensure we had access to the main office and the management team were available.

Knutsford Supported Living Network is located in a residential area of Knutsford. It provides domiciliary care to people who live in their own homes. Some people who use the service are tenants of East Terrace, which is a supported living scheme and also the agency's registered office. The service provides care and support for people with learning disabilities. The office is easily accessible by public transport and rooms are available for training purposes or private meetings. At the time of the visit 21 people supported by the service.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection in January 2014 the service was meeting the requirements of the regulations that were inspected at that time.

We found the service had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to provide safe care for people.

There were appropriate numbers of staff deployed in the supported houses to meet people's needs and provide a flexible service. Staff had been safely recruited to ensure people would be supported by suitable employees. However the application form for employment required updating to ensure a full employment history was obtained for new employees. We have made a recommendation about this.

Risk assessments had been developed to minimise the potential risk of harm to people who used the service. These had been kept under review and were relevant to the support provided.

Staff responsible for the administration of medicines had received training to ensure they had the competency and skills required.

The registered manager understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who may lack capacity to make their own decisions.

People were supported by caring staff who were supportive, caring and respectful. One person who lived in

one of the supported houses said, "Yes they all very kind."

Staff knew people they supported and provided a personalised service. Care plans were in place detailing how people wished to be cared for. Relatives and people who lived in the supported houses were involved in making decisions about their care. Records looked at confirmed this.

People who lived in the supported houses were supported to be as independent as possible with food preparation and buying of supplies. People were encouraged to attend to their own dietary requirements as much as possible. Support and guidance was always available if required. One person who lived in a supported house said, "I like choosing what we eat and going to the shops."

Staff supported people to attend healthcare appointments and liaised with their GP and other healthcare professionals as required to meet people's needs.

People who received a service told us they were comfortable raising any issues, concerns or complaints with their staff and the registered manager. The service had arrangements in place to deal with these appropriately.

We found a number of audits were in place to monitor quality assurance. The registered manager had systems in place to obtain the views of people who lived in the supported tenancy schemes and their relatives.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People told us they felt safe. Safeguarding procedures were in place and staff understood how to safeguard people they supported.

Assessments were undertaken of risks to people who used the service. Written plans were in place to manage these risks.

Systems were in place to make sure the registered manager and staff learn from events such as accidents and incidents.

Staffing levels were sufficient with an appropriate skill mix to meet the needs of people using the service. Recruitment procedures required further checks to ensure all previous employment information on potential staff was available.

People were protected against the risks associated with unsafe use and management of medicines.

Is the service effective?

Good

The service was effective.

People were supported by staff that were sufficiently trained, skilled and experienced to support them to have a good quality of life. They were aware of the requirements of the Mental Capacity Act 2005.

People were supported to eat and drink according to their plan of care.

Staff supported people to attend healthcare appointments and liaised with other healthcare professionals as required.

Is the service caring?

Good

The service was caring.

People who used the service told us they were treated with kindness and compassion in their day to day care.

Care and support had been provided in accordance with people's wishes.

People were supported to maintain and develop relationships with people who mattered to them.

Staff were respectful of people's rights and privacy.

Is the service responsive?

Good

The service was responsive.

Care plans were in place outlining people's care and support needs. Staff were knowledgeable about people's support needs, their interests and preferences.

People's care plans had been developed with them to identify what support they required and how they would like this to be provided.

The service had arrangements in place to deal with people's concerns and complaints.

Is the service well-led?

Good

The service was well led.

Systems and procedures were in place to monitor and assess the quality of service people were receiving.

The registered manager consulted with stakeholders, people they supported and relatives for their input on how the service could continually improve.

A range of audits were in place to monitor the health, safety and welfare of people.

Knutsford Supported Living Network

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection visit took place on 07 July 2016 and was announced. The registered manager was given notice because the location provides a domiciliary care service to people living in the community and at the location address. We needed to be sure someone would be in the offices.

The inspection team consisted of two adult social care inspectors.

Before our inspection visit we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people the service supported. We also checked to see if any information concerning the care and welfare of people being supported had been received.

During the inspection we visited the supported tenancy schemes within the building where people who received support from the service lived. We spoke with three people who used the service and one relative visiting. In addition we spoke with five senior and support staff and also the registered manager.

We looked at care records of three people, training and recruitment records of staff members and records relating to the management of the service. We also contacted the commissioning department at the local authority and the local learning disability team. This helped us to gain a balanced overview of what people experienced accessing the service.

Good

Is the service safe?

Our findings

We spoke with people about the service they received and support that was provided for them. A relative said, "I visit [relative] a lot and feel the staff help give [relative] a good home and she is safe." A person who lived in one of the supported houses said, "Yes I feel safe here."

The registered manager had procedures in place to minimise the potential risk of abuse or unsafe care. Records seen confirmed the registered manager and staff had received safeguarding vulnerable adults training. One staff member explained the process of their safeguarding policy. They were aware of action to take to ensure people were kept safe. Staff members we spoke with understood what types of abuse and examples of poor care people might experience. The service had a whistleblowing procedure and staff we spoke with knew the process to go through should they wish to raise concerns.

We looked at how the supported houses were staffed. We did this to make sure there was enough staff on duty at all times to support people in their care. We found by talking with people who used the service, relatives and staff members, staffing levels were suitable. However at times due to staff vacancies people worked extra hours to cover shifts. This was their choice and there was little impact on people who lived in the houses due to this. For example comments from staff included, "We manage fine. We have a big recruitment drive but find difficulty in attracting staff." Also, "Some days can be busy but the resident's needs are always met no matter what." One person who lived in one of the houses said, "Someone is always around."

Care plans looked at had risk assessments completed. This was to identify the potential risk of accidents and harm to staff and the people in their care. Risk assessments we saw provided clear instructions for staff members when delivering support or care to people. They also had environmental assessments for when people were out in the community to ensure people were kept safe and risks kept to a minimum. One staff member said, "We encourage as much independence as possible within a risk framework."

Accidents and incidents were recorded and discussed between the registered manager and staff. They were analysed by the management team and action to reduce risk and keep people safe were learnt from incidents.

We looked at recruitment procedures and documentation for staff. All required checks had been completed prior to any staff commencing work. Recruitment records examined contained a Disclosure and Barring Service check (DBS). These checks included information about any criminal convictions recorded, references and a medical declaration. We found the application form asked for an employment history. However the application form needs to request a full employment with any gaps explained. This would support the registered manager to make an informed decision for suitable staff to be employed.

We recommended the provider seeks advice and guidance to ensure documentation for recruitment of staff requested a full employment history with any gaps explained in line with national guidance.

We checked to see if medicines were managed safely when we visited the supported tenancy schemes. Care plans contained information to ensure the responsibilities of family, staff and the people who received care and support were clear. This helped ensure people were supported to take their medicines safely.

We looked at how medicines were administered. The medicines administration record (MAR) sheets were legible and did not contain any gaps. The registered manager ensured only staff that had been trained to manage and administer medicines gave them to people. Staff we spoke with confirmed this.

The registered manager had in place regular audit checks for medicines administration and followed up action from audits. For example discrepancies in administration were found on numerous occasions. The registered manager took action and ensured all staff received 'refresher' training to update staff knowledge in administration of medicines. Following the action and further audits had resulted in medication administered safely. One staff member said, "The training was useful and updated my knowledge."

Good

Is the service effective?

Our findings

People who received support from the domiciliary service and those who lived in the supported houses told us staff were competent and knew what they wanted in terms of care and guidance. For example one relative said, "They know [relative] well and I am confident she is cared for by people who know what they are doing and have experience."

Individual training programmes had been developed for each staff member. We found training events/courses were relevant to the needs of people who lived in the supported houses or received a service from the domiciliary care staff. For example training consisted of safeguarding vulnerable adults, food and hygiene and medication. This was confirmed by talking with staff.

Although staff had received relevant training, access to courses and training events were becoming fewer. One staff member said, "We have emailed the council about courses. Although it is not an issue at the moment constraints on the local authority will make it harder in the future." The registered manager informed us they were looking at ways to access training near to their location to ensure staff continued to develop their skills.

Staff had achieved professional qualifications. For example records showed some staff had completed a National Vocational Qualification (NVQ). This demonstrated the service previously supported staff to develop their professional skills.

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.

The registered manager demonstrated an understanding of the legislation as laid down by the MCA. We spoke with the registered manager to check their understanding of the MCA and DoLS. They demonstrated a good awareness of the legislation and confirmed they had received training. Some staff had also received training and a programme for all staff to complete MCA training was ongoing. This meant clear procedures were in place so that staff could assess people's mental capacity. This enabled staff to assess people's ability to make decisions for themselves.

Staff received supervision on a regular basis and annual appraisals. Staff we spoke with confirmed this. These were one to one meetings held on a formal basis with their line manager. Staff told us they could discuss their development, training needs and their thoughts on improving the service. One staff member said, "I was due to have supervision session today but this now has been cancelled due to the inspection. It has now been rearranged."

Care records we looked at in the supported houses contained people's dietary needs. They showed they had

been assessed and any support required with their meals was documented. For example one person needed support at mealtimes with their meals and prompting to eat their meals. The care plan had documented what action needed to be taken and staff were aware of the support the person required.

We found kitchen areas in individual houses were clean and tidy. When we visited the houses we observed people were offered drinks and food was available in the kitchen area. As part of people's daily living routines people were supported to attend to food shopping and meal preparation. This supported people to be as independent as possible and learn living skills. One person who lived in one of the houses said, "I like choosing what we eat and going to the shops."

People's care records included the contact details of health professionals. For example their General Practitioner (GP) so staff could contact them if they had concerns about a person's health. People also received visits from learning disability nurses and physiotherapists. Staff were available to support people to access healthcare appointments if needed. They liaised with health and social care professionals involved in their care if their health or support needs changed. This was confirmed by talking with staff members and records we looked at.

Good

Is the service caring?

Our findings

People we spoke with told us they found staff and the management team treated people with respect and kindness. When we visited the houses, we observed people were relaxed, treated with respect and interacted with staff members on duty. One person who lived in one of the houses said, "Yes they are all very kind." People were not left without support and staff were attentive, responding to any requests for assistance promptly. This was confirmed by talking with relatives, and people at the houses and our observations during the day.

Staff told us they encouraged people to be involved as much as possible in making decisions around their own support and independence. For example staff showed patience when they encouraged a person to go for a walk and do some shopping. The staff member said, "It helps to be patient and caring so people can push themselves to their own limits to be as independent as possible."

Three care plans we looked at were centred on people's personal needs, support identified and their wishes of how their care should be delivered. Daily events that were important to people were detailed, so staff could provide care to meet their needs. Care plans contained information about people's current needs as well as their wishes and preferences. We saw evidence people's care plans were reviewed with them and updated on a regular basis.

People's choices, interests, aspirations and social needs had been recorded. The care and support had been provided in accordance with people's wishes, at times in conjunction with families. This demonstrated people were encouraged to express their views about how their care and support was delivered.

Staff we spoke with demonstrated a good knowledge about people's support needs and care requirements. For example the domiciliary service had a matching process where possible so that staff with different skills were matched to people they could offer the best support and guidance. This meant people were appropriately matched and had similar interests and hobbies.

We observed examples of staff showing respect, patience and kindness when we visited the supported houses. For example we observed staff knocking on doors before entering and always letting the person know who they were. One staff member said, "This is their home and although we are in one big building you have to respect that."

We found people were supported to lead active and full lives based on what was important to them. For example care plans of people who lived in the supported houses contained people's preferences in terms of food, social preferences and hobbies. We spoke with staff and it was evident they were aware of how to use a care approach that supported people with a learning disability to encourage them to be independent.

We spoke with the registered managers about access to advocacy services should people require their guidance and support. The registered manager had information details that could be provided to people if this was required. This ensured people's interests would be represented and they could access appropriate

services outside of the service to act on their behalf if needed.

Good

Is the service responsive?

Our findings

We spoke with people in the supported houses and a relative about their experiences of support they received. People told us that they felt they were encouraged to make decisions themselves and be responsible to make their own choices with help and guidance if required. One person who lived in one of the units said, "I like to go out and we are going for a coffee." A staff member said, "We encourage people to make choices and be independent."

A relative told us staff had been good with their loved one in terms of supporting them to follow their own interest. For example a relative told us they encouraged and facilitated their relative to participate in the local community such as visiting local libraries, and cafes. A staff member said, "This is what [resident] likes to do so we encourage her to make her decisions."

When people moved into the supported houses comprehensive information about their individual social and health needs plus communication preferences were discussed with them. Staff told us people were comprehensively assessed to ensure they were aware of the individual aims and goals each person wanted to achieve. For example some people enjoyed gardening and attending the local 'day centre' to learn new skills. One person who lived in one of the houses said, "I like the day centre."

We looked at care records of three people. Care plans were reviewed and updated on an annual basis. However any changing needs could result in a full review of support they received. Care records were detailed, person centred and clear. Staff we spoke with confirmed this. Staff told us they felt care records of people they supported contained information necessary for them to help people in their daily lives. In addition monthly 'tenant' meetings were held to discuss individuals care with the person. One staff member said, "We work in a personalised way to support residents in ways that maximises their independence."

Care plans were person centred and clearly showed input from the individual. For example written in the person's voice they had recorded their, choices, social likes and aims they would like to achieve. The level of detail showed there was an appreciation of the person as an individual to develop skills and independence.

To support people who had communication difficulties the service ensured staff were trained or had the methods available to communicate verbally with people. For example sign language or 'Makaton' which help people communicate and promote independence. One staff member said, "We have the tools to help people who aren't able to communicate verbally. Such as 'Makaton' and pictorial tools."

Each person had a hospital passport containing all the relevant information including likes, dislikes, how to support the person and a record of all other professionals involved in their care. This meant if an individual was admitted to hospital, staff had information to assist them in caring for the person.

We found the complaints policy the registered manager had in place was current and had been made available to all people who received a service. This detailed what the various stages of a complaint were and how people could expect their concerns to be addressed. The complaints procedure was on display in the

reception area of the building.

At the time of the inspection we were informed no formal complaints had been made. The registered manager and senior carer told us they encouraged people who received a service and relatives to raise any concerns with them. This was so they could address the issues before it became a complaint. The registered manager informed us this helped ensure any problems were addressed quickly and action taken.

We spoke with a relative who told us they knew the process and had been given information on how to raise a complaint however had not done so. They said, "Never had to complain the service is a good one. I would know who to speak to though if I had a problem."

Good

Is the service well-led?

Our findings

Comments received from staff members, relatives and people who lived in the houses were positive about the way the service was run. Also the way support was provided between the houses. For example one staff member said, "We have had changes but the way things are done are for the benefit of the people who live here." Also, "We have good management and good staff so the service runs well."

We spoke with relatives about their experiences of the service and how the management team kept them informed of their relatives care. They told us the service was good at keeping them informed of any issues or concerns. One relative said, "I can't get about much now but the people here are always on the end of a telephone. They have been good at letting me know what's going on."

The registered manager was part of the staff team on duty and supported people with their care and daily support needs. The registered manager told us he had previously known most of the people they supported for many years and in some cases twenty years. This had helped build relationships and they were aware of the needs of people who lived in the supported houses.

Staff spoke positively about the support they received from the registered manager and the organisation. One staff member said, "All the managers are approachable and always willing to listen." This was confirmed by staff we spoke with. For example one staff member said, "I had some issues that took me away from work and [registered manager] was so supportive and helped me."

Each of the housing schemes were within one building. We found each tenancy scheme had a structured management team in place. There were clear lines of responsibility and accountability within the staff team. The management team were experienced, knowledgeable and familiar with the needs of the people they supported. One person who lived in one of the houses said, "I like all the staff in here because I know them."

Staff and resident meetings in each individual house were held regularly and minutes of meetings kept. Staff we spoke with told us they were productive and useful. Resident meetings held monthly had been completed in picture form to ensure all people understood the meeting. Staff told us any issues, suggestions raised had been discussed and action taken where appropriate.

Regular audits were being completed in key areas. These included medication, care records, safeguarding and the environment. Any issues raised by the audits would be addressed by the registered manager and improvements made where required to make sure the service continued to be monitored and developed. For example issues from the previous audit identified risk assessments in one of the houses had not been updated to show changes. Documentation showed this had been done and all risk assessments had been completed.

Registered providers are required to notify CQC about any significant events which might take place at the service. We found the registered manager had informed CQC of significant events promptly and correctly. This ensured CQC had information about severe incidents that had taken place and the registered manager

had taken the appropriate action.