

Knowsley Metropolitan Borough Council

Knowsley Network

Inspection report

The Supported Living Service
c/o New Hutte Neighbourhood Centre, Lichfield Road
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Tel: 01514432049

Date of inspection visit:
24 March 2016
30 March 2016

Date of publication:
25 May 2016

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 was an announced inspection carried out on the 24 and 30 March 2016.

Knowsley Network supports adults with a learning disability to live as independently as possible in their own homes. The level of support provided varies in line with the needs of the person. This ranges from sessional support of a few hours, up to 24 hour support including night support. People are supported with all aspects of daily living including; personal care, social activities, homemaking and support with finances. The service supported 33 people at the time of this inspection.

The service has a registered manager. 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.

The last inspection of Knowsley Network took place in October 2013 and we found that the service was meeting all of the regulations assessed.

People who used the service felt safe and protected from harm. Staff knew how to respond to any concerns they had about people's safety. Safeguarding information, policies and procedures were readily available which staff understood. Staff had received training in safeguarding people.

Risks people faced were assessed, identified and planned for. This included risks associated with daily living and activities people took part in around the community.

People were supported by staff that were appropriately trained and supported. Staff felt they received appropriate training for their role.

The registered provider had a detailed recruitment and selection procedure which helped ensure that only people of suitable character to work with vulnerable adults were employed at the service.

People felt well cared for and that their privacy and dignity were respected by the staff that supported them.

People were encouraged and supported to participate in daily living routines and get out and about within their local community.

Each person had an individual person centred care plan that detailed their lifestyle choices, needs and wishes. These documents gave information to staff as to how a person wanted to be cared for.

Several systems were in place to help the registered manager and the registered provider assess the quality of the service people received. These systems included carrying out regular checks on people's care planning documents and asking people their views on how they were cared for.

Policies and procedures were in place to guide people who use the service and the staff team in relation to safe and current best practice.

People who used the service and staff felt that the registered manager was easy to approach.

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.

Staff understood how to safeguard people from the risk of harm and abuse

Risks people faced were identified and these helped staff to know how to keep people safe.

Recruitment and selection procedures for employing staff were safe and thorough which meant that only suitable people were employed to support people.

Is the service effective?

Good ●

The service was effective.

Staff received appropriate training for their role.

People received the support they needed to maintain their health and wellbeing.

People's rights were protected under the Mental Capacity Act 2005.

Is the service caring?

Good ●

The service was caring.

People felt that the staff supporting them were caring in their approach towards them.

People's individuality was promoted by the service and people treated with dignity and respect.

Information was made available to people in accessible formats.

Is the service responsive?

Good ●

People's needs and wishes were planned for and reviewed on a regular basis.

People had access to their care planning documents.

Opportunities were promoted for people to attend activities and get involved in the local community.

There was a complaints procedure available to people who used the service. People knew who to speak to if they were not happy.

Is the service well-led?

Good ●

The service was well-led.

A registered manager was in post who promoted an open and inclusive culture within the service.

Systems were in place to establish people's views on the quality of the service they received.

Policies and procedures were in place to offer guidance on how to deliver safe care and support.

Knowsley 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.

We inspected the service over two days on the 24 and 30 March 2016. In addition, we later spoke with staff on the telephone. Our inspection was announced and the inspection team consisted of one adult social care inspector. We gave the registered provider short notice of this inspection as we needed to be sure that someone would be in the office.

On the first day of the inspection we visited the office. Whilst at the office we met with and held discussions with two people who use the service, a member of staff and the registered manager. In addition we spoke with the relative of a person who used the service.

We looked at the care records of three people, the recruitment records of one staff member and records relating to the management of the service. These records included policies and procedures and internal audit. On the second day of our inspection we visited six people at their homes and their four support staff on duty. Following our visits we spoke with a further three staff on the telephone.

Before our inspection we reviewed the information we held about the service including notifications of incidents that the registered provider had sent to us since the last inspection and all other information we had received. In addition, we spoke with a local authority social worker who had regular contact with the service who gave us their views on the management and effectiveness of the service.

Is the service safe?

Our findings

People told us that they felt safe using the service and that staff met their needs as they wished them to. They said they knew who to speak to if they felt sad or unsafe. One person told us "I feel safe and protected by the staff" and another person "If there was ever a time I didn't feel safe or I was unhappy with the staff I would ring the manager, they'd sort it out".

A copy of Knowsley Council's safeguarding policy was available at the service. In addition, information was also available in people's homes as to how to report and respond to any safeguarding concerns. This information was an easy read document using pictures and large print. It informed people of what safeguarding was, the different types of abuse, who to tell if people felt abuse was happening, who would investigate a concern and who was working to keep them safe.

Staff were able to give examples of different types of abuse and were confident on how to report any concerns. Staff told us, and records confirmed that staff had received training in safeguarding people. No safeguarding concerns had been raised around the service since the previous inspection.

People were encouraged to take responsibility whenever possible in managing their own finances. However, when a person required support to manage their finances a system was in place to protect people's money. This included staff recording all money transactions and regular monitoring and auditing of these records and receipts. This system helped protect people from financial abuse or exploitation.

Risks that people faced were assessed, managed and reviewed. Care plans were developed based on the outcome of risk assessments. For example, care plans provided staff with information about how to support people with their mobility and when out and about within the local community with the minimum necessary restrictions.

The registered provider had a recruitment policy and procedure which they followed when recruiting staff. The service had recruited one member of staff since the previous inspection. We look at this member of staff's recruitment information and saw that an application form had been completed, written references had been obtained and an interview had taken place. In addition a Disclosure and Barring Service (DBS) check had been completed prior to the person being employed at the service. The DBS checks assist employers in making safer recruitment decisions by checking that prospective employees are not barred from working with vulnerable people and that only suitable people are employed.

People told us that they received their medicines when they needed them. A comprehensive medicines policy and procedures were available within the service. These documents provided information and direction on how to manage people's medicines safely. For example, guidance was available in relation to the administration and recording of prescribed medication, people managing their own medication, the use of homely remedies, and emergency procedures. The level of support people needed in taking their medication was recorded. The medication administration records (MAR) were completed with the items of medication which people were prescribed and the times they were to be administered. Records relating to

people's medicines were regularly checked and audits were carried out on a regular basis to ensure people were receiving their medication when they should. Records demonstrated and staff told us that they received regular training in managing people's medication. As part of the training the competency of staff was assessed to ensure that they were competent and effective in the administration and management processes.

People received support from a regular team of staff that worked on a rota basis to support individuals' in their homes and around the local community. They told us that in the event of one of their regular staff not being available, staff from other areas of the service supported them. People told us that they knew the majority of the staff working for the service and were happy with this arrangement. Rotas were in place to ensure that people received the care and support they required from the staff team. The hours that people received support were flexible to meet the needs of people. This demonstrated that people received the care and support when they needed it.

Comprehensive health and safety policies and procedures were available at the office and within people's homes to ensure that staff had access to up to date safe practices at all times. These policies and procedures included what action to take in the event of a fire. Easy read information was also available to people in their own home in relation to fire safety. The availability of this information minimised the risk of people experiencing harm. Each person had a Personal Emergency Evacuation Plan (PEEP) which was available in their home and a copy was also maintained in the office. These plans contained information on what support a person needed if they had to leave their home in an emergency. Staff told us, and records confirmed that staff had received training in health and safety and moving and handling.

Any accidents and incidents were monitored by the registered manager and provider to ensure that any trends were identified and acted upon. All accidents and incidents were also reported to the registered provider's health and safety department who were also available to offer advice and support to the registered manager.

Is the service effective?

Our findings

People were happy with the service they received from their staff team. One person told us that they were "Very happy" and that staff enabled them to go "Out and about and liked staff to help them buy nice things". Another person told us that they were "Very happy with the support they received. Staff take me wherever I want to go", this person felt that they had full control of their life. Another person told us that they were supported by staff to go out shopping to buy their food.

Prior to a person using the service a full assessed of their needs took place. This assessment process helps ensure that people's needs could be accommodated and that staff had the skills to meet these needs.

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 people lack mental capacity to make particular decisions, any decisions made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA 2005). We checked that the service was working within the principles of the MCA 2005 and found that they were. For example, we saw evidence of best interest meetings and decisions being made for a person in relation to having surgery.

Policies, procedures and information including advice and guidance in relation to the Mental Capacity Act 2005, The Equality Act 2010 and the Care Act 2014 were available to people who used the service and staff. The information was available to ensure, wherever possible people were aware of their rights as individuals' and that people received the support they required to exercise their rights. An example of this was demonstrated by the registered manager in that applications had been applied for and granted by the Court of Protection in securing people's rights under their tenancies.

People who used the service told us that they were in control of their everyday decisions as in what they wanted to do and where they wanted to go. They told us that if needed they would ask for advice if they needed assistance in making a decision. Staff were clear that their role was led by the people they supported. One member of staff told us "It's the people we support who are in control" and another commented "It is [person who uses the service] who leads the days events".

People who used the service told us that they felt their staff were well trained. Staff spoke positively about the training they received. Their comments included "Training is excellent" and "We have a lot of training for our role". A health care professional spoken with told us that staff received specific training to support people when their needs changed. They told us "They go that extra mile". Staff received training and support relevant to their roles and responsibilities. This included training deemed as mandatory by the registered provider. This training included safeguarding, medication, manual handling, health and safety, fire safety and infection control. Training records demonstrated that a number of staff had also received further training to carry out their specific role. This training included Autism, diabetes, learning disability awareness, person centred planning and the Mental Capacity Act 2005.

Staff told us that they received regular supervision with their line manager. These sessions gave staff the opportunity to sit with their line manager to discuss their role and identify any further training and development needs. Staff felt well supported by the management team and their peers. Their comments included "Peers are at the end of the phone, a very much supported service to work in" and "The registered manager is very approachable".

People told us that they were supported by the staff team to carry out their grocery shopping at shops of their choice, chose what they wanted to eat and always had access to food and drinks. Several people told us that they enjoyed participating in the preparation of meals and drinks and others told us that chose not to. The dietary needs of people who used the service were assessed and planned for in their care plan. The information included people's likes and dislikes and any specific dietary requirements. In addition, care planning records demonstrated how people's food needed to be prepared. For example, one person's support plan stated that they required their food to be cut into bite sized pieces to lower the risk of choking whilst eating. We visited one person who had recently been unwell and was being supported by a dietician to gain weight. Staff were able to demonstrate what actions there were taking to support the person in line with the dieticians' advice.

People had access to local GP services and other community based healthcare professionals. For example, one person told us that they received support from the local community psychiatric team. Records further demonstrated that people had access to community nurses, dentist, optician and physiotherapy services. The contact details of healthcare professionals involved in people care were included in people's care plans, this enabled staff to contact the relevant agency in the event of them being concerned about a person's health and wellbeing. People who used the service told us that they received the support they required from the staff to access healthcare appointments.

Is the service caring?

Our findings

People told us that staff were respectful of what they wanted to do with their day and how they wanted to live their life. One person told us "If staff were not respectful I would complain."

A family member told us that their relative was well cared for and that "Staff were lovely" and "I can relax now as I am not worrying".

People's needs and wishes were planned in a way that helped ensure their choices around gender of staff were considered. For example, we visited two people who were supported by a team of male staff due to one person's specific needs. Staff explained that one of the people liked the company of females and therefore their care was planned to ensure that they received regular individualised support from a female member of staff. This demonstrated that people's specific wishes were planned for.

Two people we visited had pets. They told us, and we observed staff were involved in supporting them with their animals and their care. One person told us "They [Staff] know how much my [pet] means to me".

One person told us that they felt the service was caring as the staff understood and helped them with their mental health needs. They explained that with the support of staff they had developed a system of how to manage situations that would cause them stress and anxiety. This had been successful when put into practice as the person felt staff were caring, respectful and understanding.

A further example of how a person felt that the service was caring was shared with us. They told us that they had been unhappy where they had previously lived and had shared this with the staff. They felt that the registered manager and other staff had listened to them in a caring manner and had assisted them to move house. They told us that they were much happier in their new home and that staff understood this.

During our visits to people's homes we observed staff supporting individuals in a respectful manner. It was evident that people knew their staff well and that close, positive relationships had been formed. People told us that staff were not intrusive in their homes and that staff did not restrict them, for example in the times they got up and went to bed and what they wanted to do around their home.

Staff felt that they offered a caring service to people and that positive working relationships had been established. They told us that in working with people closely and on a regular basis they had developed common interests. One example given of this was a common interest of walking.

People had access to information about the service provided in their own homes. For example, we saw that easy read and pictorial documents were available to inform people of what they should expect from the service. One document clearly informed people that 'all managers should make sure their service and staff are doing a good job' and that 'people should be given the help they needed to complain if they wanted to'. This information helped ensure that people were aware of what the service could offer and the level and quality of support they should expect.

Information was available to people who used the service in relation to their end of life and death. This information was written in large print and pictures to enable people's understanding. In addition, a specific care planning document was in place to record people's needs and wishes as they approach their end of life and what they would like to happen when they died. This document included the opportunity to discuss and record people's wishes in relation their preferred place of death, who they wanted to be informed, choices around a funeral, music and what they wished to do with their personal effects. The use of this document helped ensure that people's personal wishes were known and could be planned for.

Is the service responsive?

Our findings

People were aware of their care plans and where they were kept. One person told us "I know it's in the cupboard but I don't look at it is my choice". People told that they often had the opportunity to talk about their care plan and if their needs or wishes changed their care plan would be updated.

All of the people spoken with and a relative were clear on who they could talk to if they were not happy about the service.

People had individualised support plans. Information in these support plans was gathered from information gained during the initial assessment process and any other assessments carried out by professionals involved in the person's care. Support plans were in place aspects of daily living such as medication, eating and drinking, moving and handling and personal care. The support plans were well written and provided detailed information to staff as to what and when support was required. This meant that staff had the correct information as to how to support the people they cared for.

Support plans were in place for people who challenged the service by displaying specific behaviours. These plans clearly recorded people's behaviour, the impact it had on the individual and others and gave clear information to staff as to how support the person at these times. This information helped ensure that people received the correct level of support they required at the times they needed. Two people told us that staff supported them well when they experienced anxiety and stress and that they were able to talk to staff about these times. This demonstrated that staff were responsive to people's needs in a positive way and supported people to have insight into their mental health needs.

Regular reviews of people's care and support were carried out to ensure their support plans remained current. In addition to these reviews by the service, people received an annual review of their care from a social worker. These reviews helped ensure that any changes in people's needs and wishes could be planned for.

People were actively involved in their local community and engaged in activities of their choice. Activities included visiting friends within the service, attending local interest groups, activity sessions held at local community centres and working in a charity shop. One person told us that they liked to spend time in their home and another person told us that they liked to go shopping and attended regular dance and music sessions which they enjoyed. Many people liked to attend an evening social club held locally and this gave them the opportunity to keep in touch with friends and staff from other areas of the service.

One person spoke about their role as a representative of the service on a tenants' forum which they attended on a regular basis with the registered manager. This demonstrated that people using the service had the opportunity to contribute to local decision making within the community.

People knew how to complain. A complaints policy and procedure were made available to people who used the service and staff. In addition, an easy read version of the complaints procedure was available to

all. The procedures were clear and informed people how complaints would be managed by the registered provider. Staff had a clear understanding of the complaints process and were aware of their role in supporting people to raise any concerns. The service had not received a complaint since the previous inspection.

Is the service well-led?

Our findings

Everyone spoke positively about the registered manager and the way she ran the service. Staff comments included "She [the registered manager] is great, you can always approach here" and "The service is very well managed". A family member told us "Things run smoothly with the registered manager, she is very effective". A healthcare professional who had involvement in the service told us "She [the registered manager] is very good. Always works in the best interests of people, a very driven manager, has no barriers only solutions for people".

The service had a registered manager. 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.

The registered manager demonstrated a detailed knowledge of the people who used the service and their individual needs. It was evident from the people we visited that she had formed lasting relationships with them. We observed a culture of openness within the service with staff and the registered manager.

The registered provider had a whistleblowing procedure in place which was available to all. Staff told us that they were not afraid of raising any concerns with the registered manager as they felt they would be listened to.

People who used the service were invited to put forward their views about the service they received. This was done during review meetings, house meetings and via a questionnaire that was sent to people on an annual basis. The registered manager explained that they were currently in the process of asking people's views of the service via a questionnaire. Once the information from people had been collated an action plan would be developed to address any issues raised through the process. The results would be published in the service's newsletter, The Knowsley Chat, devised and sent to people who use the service. This newsletter also included news, events and articles relating to the service and local community.

Policies and procedures were in place to offer guidance to people who use the service and staff on the delivery of safe care within current legislation. In addition, good practice guidance was available from external specialist organisations, for example, British Institute of Learning Disability (BILD), The National Institute for Health and Care Excellence (NICE) and The Alzheimer's Society. This demonstrated that the service kept up to date with current good practice guidance available.

There were a range of audits (checks) in place to assess the quality of the service people received. They included checks on care records, people's finances and medication. A record of all checks was kept and the results were used as part of the registered manager's overall assessment of the service. In addition the registered provider had carried out visits to the homes of people who used the service. The purpose of these visits included measuring the quality of the service people received and working towards a culture of openness. This meant they were sure of, continuous improvement and ensured responsibility and

accountability at all level within the council. Reports of the visits were maintained and the information recorded considered CQC's five key questions: is the service safe, effective, caring, responsive to people's needs and well-led. The report format gave the opportunity to record any actions or areas of improvement identified during the visits which would be addressed by the registered manager.

In addition to the registered providers internal monitoring systems since our previous inspection the registered provider had commissioned an external resource to audit the services delivered by the council in relation to their effectiveness. No direct actions were highlighted in relation to Knowsley Network Service following this audit.