

Cheshire East Council

Knutsford Supported Living Network

Inspection report

East Terrace
Westfield Drive
Knutsford
Cheshire
WA16 0BL

Tel: 01625374174

Website: www.cheshireeast.gov.uk

Date of inspection visit:

23 January 2019

28 January 2019

Date of publication:

27 February 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection was carried out on 23 and 28 January 2019. This was an announced inspection, which meant we gave the provider 48 hours' notice of our visit. This was because the service supports people living in the community and we wanted to ensure that staff were available in the office, as well as giving notice to people that we would like to visit them.

At the last inspection on 7 July 2016, the service was rated good. At this inspection the service had not maintained this rating and required improvement. This is the first time it had been rated requires improvement. We also found three breaches of the regulations relating to staff training and supervision, compliance with The Mental Capacity Act 2005 (MCA) and good governance. You can see what action we told the provider to take at the back of the full version of the report.

Knutsford Supported Living Network is run by Cheshire East Council and provides care and support to people living in a 'supported living' setting, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. The Care Quality Commission (CQC) does not regulate premises used for supported living; this inspection looked at people's personal care and support. There were 23 people being supported by the service at the time of the inspection.

The care service had not originally been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion, so that people with learning disabilities and autism using the service can live as ordinary a life as any citizen. However, we found that people were given choice, their independence was promoted and the service had an inclusive culture.

There was a registered manager in post. 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.

Overall people and relatives were very complimentary and positive about the support they received.

The provider could not demonstrate that all staff had undertaken required training and refresher training. Training was provided by a training department; however we were advised training was not always available or there were limited spaces. Staff had not received consistent and frequent one to one supervisions or appraisals with their line manager. The management team expressed that staffing shortages in the senior team had impacted on this.

Staff understood the need to seek consent and the principles of the MCA. However, records were insufficient to demonstrate where decisions had been made for people, they had been made in accordance with the

MCA.

The provider's audits to monitor the service were not fully effective as they had not identified all the issues highlighted in this inspection. Further improvements to the quality monitoring processes are required to ensure there is a clear overview of practice within the service.

Staff understood the importance of reporting any signs of abuse, knew how to report concerns and felt confident that the registered manager would act on any concerns they raised. We saw one incident which had not been reported to the local authority but had been dealt with by the provider. All other concerns had been dealt with appropriately.

There were sufficient staff to meet the needs of the people they supported. There were some vacancies and staff covered extra shifts to meet people's needs. The senior team had found this had impacted on their management time.

Policies and procedures were in place to support the proper and safe use of medicines, records demonstrated that people had received their medicines safely. However, we found that the provider had not ensured staff training or competency checks around medicines were kept under review.

Risks were assessed and people were supported to stay safe. Staff understood their responsibility to report any accidents or incidents.

People were involved in decisions about what they wanted to eat or drink. Where necessary risk assessments had been completed in consultation with appropriate professionals such as speech and language therapists (SALT). We were concerned in one case that staff had occasionally not followed SALT guidance, which was addressed with the registered manager.

The service supported people to live healthier lives and people had access to health care as needed.

Staff had developed positive and caring relationships with the people they supported. They had time to spend with people and opportunities to listen and talk to people in a way they understood. People were treated with dignity and respect.

People received care that was personalised and responsive to their needs. Staff were knowledgeable about people's needs and understood the importance of supporting people as individuals. The service promoted inclusion and supported people to take part in activities which reflected their interest.

People and their relatives told us it was easy to raise a concern or complaint. The management team were in regular contact and people felt comfortable in raising any issues with staff.

Staff were motivated and those spoken with demonstrated a passion and commitment to the role.

There was a person-centred culture shared by managers and staff which aimed to support people to achieve positive outcomes. People and relatives were satisfied with the care provided and were happy with the support they received from the management team.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

Not all aspects of the service were safe.

Systems were in place to support staff to identify and report any abuse and to protect people. Records could be improved.

There were sufficient staff to meet people's needs, but further recruitment was required.

Medicines were managed safely.

Risks were assessed and people were supported to stay safe.

Is the service effective?

Requires Improvement ●

Not all aspects of the service were effective.

The provider had not ensured staff had access to appropriate on-going training.

Staff felt supported in their roles but regular staff supervisions and competency checks had not been maintained.

Staff supported people to make day to day decisions, however records did not evidence that all decision had been made in accordance with the MCA.

People were supported to eat and drink, although staff had not always followed professional guidance.

Is the service caring?

Good ●

The service was caring.

Staff had developed positive and caring relationships with the people they supported.

Staff had time to spend with people and opportunities to listen and talk to people in a way they understood.

People were supported to be as independent as possible.

People's right to privacy and dignity was respected.

Is the service responsive?

Good ●

The service was responsive.

People received care that was personalised and responsive to their needs.

Assessments of people's needs had been completed and used to develop their support plans.

The service promoted inclusion and supported people to take part in work, activities and interests.

It was easy to raise a concern or complaint, which would be listened to.

Is the service well-led?

Requires Improvement ●

Not all aspects of the service were well-led.

Quality assurance systems were not fully effective, as they had not identified all the issues highlighted in this inspection.

There was a person-centred culture shared by managers and staff which aimed to support people to achieve positive outcomes.

Staff felt supported and were motivated. They demonstrated a passion and commitment to the role.

Meetings had been held with people to enable them to express their views about the service.

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.

The inspection commenced on 23 January 2019. The registered provider was given 48 hours' notice because we needed to be sure that staff would be available on the day.

Inspection site visit activity started on 23 January and ended on 28 January 2019. It included visits to people in their own homes and telephone calls to people's relatives. We visited the office location on 23 and 28 January to see the registered manager and staff; and to review care records and policies and procedures.

This inspection was carried out by one adult social care inspector.

Before the inspection we checked the information we held about the service. We looked at any notifications received and reviewed any information received from the public. A Provider Information Return (PIR) was also submitted and reviewed prior to the inspection. This is a form that asks the registered provider to give some key information in relation to the service, what the service does well and what improvements need to be made. We used this information to help us plan our inspection.

During the inspection we spoke with seven people who used the service and with three relatives over the telephone. We also spoke with several staff including the registered manager, the outcomes coordinator, the operations manager and four support staff.

We looked at documentation relating to the management of the service, including four care plans of people using the service, three staff personnel files, staff training and supervision records, complaints, accidents

and incidents, policies and procedures, and safeguarding records.

Is the service safe?

Our findings

We asked people if they felt safe with the support provided, they told us yes. Relatives commented, "He loves it. He's really happy there" and "I've always been very impressed with the care."

The provider had policies in relation to safeguarding vulnerable adults. Staff understood the importance of reporting any signs of abuse, knew how to report concerns and felt confident that the registered manager would act on any concerns they raised. People were given information about keeping safe and there was a system to monitor changes in habits or health. Staff had access to a handbook which included the provider's whistle blowing policy. Staff believed the culture was one where staff would immediately report any concerns.

However, we identified one recorded incident which was a safeguarding concern and had not been reported under local procedures. The registered manager advised this has been an oversight but that action had been taken to address the issues. All other safeguarding concerns had been reported appropriately and dealt with promptly by the management team. Records relating to safeguarding referrals were maintained, however these records did not always include details of outcomes and any follow up action. The management team could tell us what had happened in response to these issues and appropriate action had been taken.

We recommend that the registered manager implements a system to ensure that safeguarding referrals and outcomes are clearly recorded.

People were provided with the level of support commissioned by the local authority to ensure their needs were met. They told us they were generally supported by familiar staff who understood their needs well. The registered manager explained there were some staff vacancies. However, guidance from the provider meant they were unable to recruit to these vacancies at the moment. Bank staff had recently been recruited which had helped. We found there was sufficient staffing to cover all shifts, however this was reliant on staff working extra shifts and senior staff providing direct support. In some cases, it had been necessary to use agency staff to fill the gaps and ensure that the service remained safe.

Staff had been recruited through an effective recruitment process that ensured they were safe to work with people at risk. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). These checks identify if prospective staff have a criminal record or are barred from working with vulnerable people. Proof of identity, employment references and employment histories had also been obtained.

The provider had policies and procedures in place to support the proper and safe use of medicines. However, we noted that the policy was due to be reviewed in January 2017 and was now overdue. The registered manager told us this was in progress. Staff used medication support plans and risk assessments to assess risks relating to people managing and taking their own medicines and identify the level of support required from staff. These included protocols to guide staff when to administer as required (PRN) medicines.

Within each household the staff team took responsibility for ordering the person's medication to ensure sufficient stock was maintained. Medication Administration Records (MARs) showed people received appropriate support to take their medicines. Monthly audits were undertaken to ensure the correct ordering of stock. Medicines were stored safely in people's rooms.

Whilst staff had formally undertaken medication training, the provider had not ensured that all staff had completed annual refresher training, as required by their own policy. We also found the provider had not kept staff competency checks under review. There were some records to indicate that checks had been carried out, but these were inconsistent and there was no overview to clarify who had received a competency check and when they were next due. The registered manager advised that this would be addressed as a member of the senior team was returning to the service and would ensure oversight of these issues.

Risks were assessed and people were supported to stay safe. Risk assessments had been undertaken in numerous areas and contained detailed information and guidance which staff followed to keep people as safe as possible. Staff spoken with understood the actions they needed to take, for example the use of specialist equipment, supporting people safely in the community or use of assistive technology. Overall, we found that the risk assessments had been kept under review and were up to date, however there were a couple of examples which were in need of review and we highlighted this to the registered manager.

The registered provider ensured that if things went wrong then lessons were learnt and improvements made. Staff understood their responsibility to report any accidents or incidents. We saw that accident and incident forms were completed where necessary and these were reviewed to consider any further actions necessary to improve the quality and safety of the service.

The flats we visited were clean and comfortable. Staff told us they were aware of requirements around infection control and used personal protective equipment (PPE) such as gloves and aprons.

Is the service effective?

Our findings

The provider had not enabled staff to keep their practice and knowledge updated, because training was not always available. Several staff had worked at the service for many years and had previously undertaken training. Some specific training had been carried out more recently by visiting specialist nurses or physiotherapists. However, records did not evidence that all staff had undertaken required training and there were gaps in refresher training. These areas included, food hygiene, safeguarding, medication, mental capacity, infection control and emergency first aid. We saw professional guidance in one person's support plan which stated that all supporting staff needed to be trained in emergency first aid, due to the person's health needs. However, when we checked we found this was not the case.

Staff told us it was difficult to access training at times. One person said, "Training is few and far between, there used to be more training." Training was provided by a training department but we were advised training was not always available or there were limited spaces. The management team felt the service would benefit from a rolling programme of training to meet the specific requirements of the service. We were informed that current training was not available from the training department until at least April 2019.

Following the inspection, the registered manager provided plans to address some of the gaps through other methods, including staff who had been trained to train other staff, to undertake food hygiene and infection control training and plans to ask a local pharmacy to undertake medication training.

Staff undertook an induction when they commenced at the service. We reviewed the records of two members of staff and found they had completed different induction booklets. One was a corporate induction, which did not cover the required areas for the role. The registered manager was aware of the Care Certificate and advised us they planned to roll this out and ensure the new staff completed the Care Certificate. The Care Certificate sets fundamental standards for the induction of adult social care workers

Staff had not always received regular supervision or appraisals. Whilst staff told us and records indicated that some supervisions had taken place, the frequency of these was very inconsistent. The management team acknowledged that staffing issues had impacted on this, as often senior staff were unavailable due to providing direct support to people. This however enabled them to supervise and monitor staff practice on an informal basis. Records were not up to date and we could not easily see which staff had received supervision over the past few months. The staff handbook also stated that each member of staff should receive an annual Personal Development Plan (PDP) to appraise their work, but none of these had taken place in the past 12 months.

The above issues were a breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us they felt supported and could usually access support from a senior member of staff if needed. A manager within the organisation was always on call in an emergency. Some staff had worked at the service

for a long time and were very familiar with people's needs. Staff said information was shared through handovers and team meetings.

People and their relatives told us, "I've always been very impressed with the care" and "On the whole the care is very good."

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 made 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. In a community setting people can only be deprived of their liberty if it is authorised by the Court of Protection.

Overall, we found that staff understood the need to seek consent and the principles of the MCA. Whilst support plans were developed in consultation with people and their relatives, they did not always contain signed consent. Staff told us they assumed people had capacity to make decisions unless they were assessed as otherwise and people were supported to make day to day decisions. The registered manager told us any decisions made in people's best interests were made in consultation with professionals and people's relatives or carers. Staff had received training in the MCA but records demonstrated that this was inconsistent and some staff had not received any training or refresher training since 2011.

Records relating to compliance with the MCA were not robust enough. In certain cases, best interest decisions had been made, but records were not available to show that people's capacity had been assessed, decisions had been made in accordance with the MCA or they had been reviewed regularly, to ensure they remained in the person's best interests.

We found two examples of restrictions in place, which included staff closely monitoring people through use of alarm sensors and observations. The registered manager explained these restrictions were in place in the persons' best interests and had been agreed in consultation with family and professionals. However, there were no records available to evidence how these decisions had been made or that the restrictions in place had been regularly reviewed and remained the least restrictive.

This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us a review meeting was planned shortly for one of these people and these issues would be addressed.

People were involved in decisions about what they wanted to eat or drink. Staff supported people to prepare meals and encouraged them to take part in menu planning and shopping. Some people had complex needs relating to their eating and drinking. We saw that where necessary risk assessments had been completed in consultation with appropriate professionals such as speech and language therapists (SALT).

However, in one case records suggested that staff had occasionally not followed professional guidance around "high risk" foods, which needed to be avoided to reduce the risk of the person choking. The registered manager believed the staff understood and followed the guidance, but the records were unclear. They took immediate action to ensure all staff followed the recommendations robustly. The person had not

come to any harm; however, a safeguarding referral was raised to ensure this was looked into and any necessary action was followed up. We noted that this issue had not been identified through the provider's own quality assurance processes.

The service supported people to live healthier lives and people had access to health care as needed. We found that staff had good links and worked in partnership with health and social care professionals, including GPs, occupational therapists, social workers and learning disability nurses. Support plans included guidance to ensure that people had access to regular health check-ups. The service worked very closely with the local learning disability team, who offered support and guidance to achieve positive outcomes for people. In one example, staff had worked closely with the GP to provide support and close monitoring to prevent unnecessary hospital admissions.

Is the service caring?

Our findings

People and their relatives were positive about the way they were treated by staff. They said, "All the staff are nice and kind"; "Staff are nice" and "(Name) has one carer who she loves to bits."

Several staff had worked at the service for many years and had developed positive and caring relationships with the people they supported. People looked comfortable and we saw staff were kind and patient in their approach. One person had clearly developed a warm and trusting relationship with a member of staff, looking to them for support and reassurance whilst we were chatting with them. Staff knew people well and understood their likes and preferences.

Staff had time to spend with people and opportunities to listen and talk to people in a way they understood. All the relatives spoken with felt listened to and included in their relative's care. Staff were caring and provided emotional support where necessary. One person was unwell during the inspection and we saw how staff were concerned and thoughtful about their support.

People were supported to express their views and were involved in decisions about their care where they were able to. In one example a person had considered the possibility of moving to another property due to their changing health needs. They were supported by an advocate and eventually made their own decision to remain in the current property. People could choose where they wished to spend their time whilst at home and we saw how one person moved around freely and was able to spend time in the communal areas or alone in the garden if they preferred.

People were supported to access local advocacy services if they required additional support. Advocates are independent of the service and support people to make and communicate their wishes. Other people had regular support from family members. The service worked closely with people's families to ensure they worked in partnership and continued to have close involvement with their relative. The registered manager explained that staff also considered the persons' right to choose and had flexibility around the amount of parental involvement they wanted.

People were supported to be as independent as possible. For example, people were supported to travel safely and independently where appropriate. Other people were supported to undertake tasks such as cooking, gardening and household chores. A relative was very positive about the support from staff to enable their relative to begin to attend appointments and events more independently.

We found that people's right to privacy and dignity was respected. We observed staff speaking with people in a respectful and patient manner. Staff understood the importance of promoting people's dignity, which was discussed within staff meetings. We observed staff knocking on people's doors and asking permission to look at their records. Support plans reviewed were written in a manner which respected people's dignity and contained specific information about maintaining people's privacy.

People's personal records were stored securely which meant their personal information was kept

confidential.

Is the service responsive?

Our findings

People and their relatives told us they found the service to be responsive. Comments included, "I've always found that if I have any queries they've always been very helpful"; "They adapt and respond to any changes" and "Staff have been really helpful."

People received care that was personalised and responsive to their needs. We saw that assessments of people's needs had been completed prior to them using the service and this information had been used to develop their support plans. Staff were knowledgeable about people's needs and understood the importance of supporting people as individuals. For example, staff explained how they could identify any changes in manner, which could indicate something was wrong. Staff were kept updated with any changes through handovers, communication books and reading people's support plans.

Each person had a support plan which reflected how they liked to receive their care. They were very detailed and included information about what was important to people and how best to support them. People and their relatives had been involved with the development of the support plans. Relatives spoken with told us they had ongoing communication with staff and that any changes would be implemented as needed. Whilst support plans were in the main reviewed at least annually, some had not been reviewed for a longer period. We raised this with the registered manager who confirmed this would be addressed.

Support plans included guidance around people's communication needs, some people had complex communication needs and these were considered. Staff used different ways to communicate such as interpreting gestures and postures or using signs or symbols. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. The registered manager told us they ensured information was made available to support people's different communication needs, for example, Braille, large print, and symbol/pictorial based.

The service promoted inclusion and supported people to take part in activities which reflected their interests. Some people had access to work opportunities and others attended day care centres during the day. There was a weekly timetable of planned activities which had been discussed with people. This included activities such as attending local community groups, swimming, shopping trips, going for coffee or for a meal. One person told us how they'd enjoyed trips out to the seaside. Another person really enjoyed gardening and was supported to do this in a specific area of the garden, as they wished.

Assistive technology was used to support people to receive timely and responsive care. For example, movement sensors were in place to alert staff and support people to remain safe. Seizure alerts were also used to enable staff to react quickly when necessary.

People and their relatives told us it was easy to raise a concern or complaint. The management team were in regular contact and people felt comfortable in raising any issues with staff. Relatives said any issues raised were taken seriously and addressed. The provider had a complaints policy and procedure in place. Each

support plan contained information in an accessible format, to explain to people what they could do if they were unhappy with the service. A record of any complaints was kept, there had been no recent complaints.

At the time of our inspection, the service was not supporting anyone who required end of life care. However, staff were aware of how to access support from other healthcare professionals if required.

Is the service well-led?

Our findings

People and relatives were positive about the management of the service. They told us they were in regular contact with the staff and the registered manager, who was approachable and were always kept up to date.

The service had a registered manager, who also managed another of the provider's services. This meant they had to manage their time across the two locations. Additional support was available from an outcomes coordinator who was permanently based at Knutsford Supported Living Network. There had been some staffing shortages within the senior team, as one senior had temporarily moved to another location and senior staff were providing direct support to people rather than carrying out senior tasks. The management team felt this had impacted on some of their functions. Information requested during the inspection was not always readily available or up to date, such as records relating the supervisions and direct observations.

During this inspection we looked at how the registered provider monitored and assessed the service. Audits and checks were being completed in some areas, such as medication, finances and care plans. The operations manager also undertook a quality monitoring visit of the service on a three-monthly basis. However, these systems were not fully effective as they had not identified all the issues highlighted in this inspection. Concerns relating to staff training, supervision and competency checks, completeness of records and compliance with the MCA had not been addressed. During this inspection the provider did not meet all the standards set out in the regulations. Therefore, further improvements to the quality monitoring processes are required to ensure there is a clear overview of practice within the service and is therefore well led. The service had their own improvement plan in place and some of the issues identified during the inspection were included in this plan, however some of the target dates had passed or no timescales were recorded.

These issues were a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the inspection we found the registered manager and staff engaged well with the inspection process. They were helpful, welcoming and very responsive to the feedback provided. The management team were open and transparent and said this was encouraged within the service. There was a person-centred culture shared by managers and staff which aimed to support people to achieve positive outcomes.

Staff were motivated and those spoken with demonstrated a passion and commitment to the role. Comments included, "I love it" and "We're very good at ensuring people are treated with dignity, it's the culture of the staff, we do care." Staff felt that the managers were approachable and there would always be someone available to provide support. The management team and staff told us they worked extremely well as a team. There was good communication and flexibility within the staff group. For example, we saw how they had worked hard to ensure that rotas were fully covered despite staff vacancies. Staff meetings had occasionally been held and staff felt able to make comments and suggestions about the service. However, we noted where these had been arranged staff had not always attended.

People and relatives were satisfied with the care provided and were happy with the support they received from the management team. Relatives told us they knew the management team well and were very responsive to any issues of concerns. There had been some tenant's meetings to enable people to express their views about the service. The management team said they would like to increase the frequency of these in future. People and relatives had been consulted with regarding future options for Cheshire East Council's in-house services. Meetings had been held to enable people and their relatives to express their views within the consultation period. A staff member had been appointed as a link worker to support people with any queries or concerns.

The registered manager worked in partnership with organisations who commissioned the service and health professionals to ensure people received the appropriate support they needed. When people's needs changed the registered manager took further advice to ensure people continued to receive the care they required.

The registered provider is required by law to notify the CQC of specific incidents that occur within the service. Prior to the inspection taking place, we reviewed information that had been sent to us by the registered provider and overall, we found that this was being done as required. The current CQC rating was displayed as legally required within the reception area of the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider was unable to demonstrate that staff always acted in accordance with The Mental Capacity Act (2005)
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured that systems in place to monitor and assess the service were effective and adequate.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider was unable to demonstrate that staff had access to required training and training updates. Staff supervisions and appraisals had not been carried out on a regular basis.