

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

About the service

Knutsford Supported Living Network is run by Cheshire East Council and provides care and support to people living in a 'supported living' setting, so they can live in their own home as independently as possible. There were 24 people being supported by the service at the time of the inspection.

People shared communal areas within their homes and had their own bedroom personalised to their preferences and needs. An office was located centrally to the supported living homes. Waking night staff were available.

The 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 people were given choice, their independence was promoted, and the service had an inclusive culture.

People's experience of using this service and what we found

The outcomes for people using the service reflected the principles and values of Registering the Right Support and in promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Safe recruitment practices were in place and people were supported by regular staff that knew them well. All staff had completed an induction and undertaken training relevant to their role. Enough staff were employed to meet the needs of the people supported by the service. Staff were supported through supervision and team meetings.

People's needs were assessed prior to them being supported by the service. Individualised care plans and risk assessments held sufficient detail to reflect people's needs, routines and preferences. Care records were regularly reviewed to ensure the most up-to-date information was available for staff. Staff had developed positive relationships with people and had a good understanding of their needs.

People were protected from the risk of harm and abuse. Clear policies and procedures were in place and staff felt confident to raise any concerns they had.

Medication was managed safely, and staff had access to medicines policies and procedures as well as best practice guidelines. Medication administration records (MARs) were consistently completed and audited to identify any areas for development and improvement. Staff understood how to minimise the risk of infection being spread and had access to personal protective equipment (PPE).

People's independence was promoted, and their privacy and dignity was respected. People and their relatives spoke positively about the staff and management team. Staff were described as kind, caring and accommodating.

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

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

Rating at last inspection

The last rating for this service was requires improvement (published 27 February 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow-up

We will continue to monitor information receive about the service until we return to visit as per our inspection programme will stop if we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Knutsford Supported Living Network

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by an inspector.

Service and service type

Supported Living:

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

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

Notice of inspection

We gave the service a short period of notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection and wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people in their homes who were supported by the service, about their experience of the care provided. We spoke with five members of staff, including the registered manager, registered provider, two senior support workers and a support worker. We spoke with four relatives by telephone about their experience of the service.

We reviewed a range of records. This included three people's care records, multiple medication records and six staff files. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

During the last inspection we recommended that the registered manager implement a system to ensure that safeguarding referrals and outcomes were clearly recorded. The provider had made improvements.

- Safeguarding concerns and outcomes were clearly recorded.
- Staff had completed safeguarding training and confidently described the process they would follow if someone was at risk of harm.
- Up-to-date safeguarding and whistle blowing policies were in place.
- Safeguarding had been discussed at meetings held with people to support them to understand what safeguarding means.

Assessing risk, safety monitoring and management

- Risks to the health and safety of people and the staff that supported them were assessed. Guidance was in place for staff to follow and mitigate risks.
- Risk assessments were reviewed regularly and updated when changes occurred to ensure staff had access to the most up-to-date information.

Staffing and recruitment

- Recruitment procedures were safe. Appropriate pre-employment checks were carried out to ensure that only suitable people were employed.
- Enough staff were employed to meet the needs of the people supported.
- People and their relatives told us they were supported by regular staff that knew them well. Their comments included; "I like [Staff Name] and can talk to them about anything", "Staff know [Name] really well and keep them safe."

Using medicines safely

- Staff that administered medicines had completed training and had their competency assessed.
- Medicines policies and procedures, as well as good practice guidance was available to support staff in their role.
- Medicine administration records (MARs) were in place and fully completed.
- Audits were completed to ensure people received their medicines safely. Areas identified for development and improvement were addressed and actioned.

Preventing and controlling infection

- Staff completed infection control training and had access to personal protective equipment (PPE).
- The importance of thorough handwashing was discussed with the people supported and staff acted as role models for this.

Learning lessons when things go wrong

- Staff completed accident and incident records as required.
- Accident and incident records were reviewed by the registered manager to identify any trends, patterns, learning or to identify where future risk could be mitigated.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection 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. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff had the necessary skills, knowledge and experience to perform their roles.
- All staff had completed a full induction at the start of their employment.
- Staff received an appropriate amount of support and supervision for their role.
- Comments from one relative included; "Staff are knowledgeable and understand [Name's] needs really well, this is really reassuring."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

At our last inspection the provider was unable to demonstrate that staff always acted in accordance with The Mental Capacity Act (2005). This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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

- Staff had received training and understood principles of the MCA and assumed people had the capacity to make decisions, unless assessed as otherwise.
- Staff ensured people were involved in decisions about their care and support
- The registered provider was complying with the principles of the MCA. People's mental capacity had been assessed and they were not unlawfully restricted.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were holistically assessed to include their physical, mental and social needs. People received care and support in line with standards, guidance and the law.
- People, relatives of their choice, as well as health and social care professionals were fully involved in the assessment and planning of people's care.
- Care plans were individualised and contained details of people's preferred routines and preferences.
- Care plans were reviewed regularly and updated as and when any changes occurred.

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

- People were supported to plan their meals, shop for their own foods and prepare food and drink wherever possible.
- Care records contained information on how staff were to support people with specific dietary needs and maintain a healthy balanced diet.
- People's comments included; "The food is nice and I can choose what I want", "I had cheese toasty with coleslaw for my lunch, I'd asked for that." A relative commented; "[Name] has a good healthy diet and really enjoys all the food."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People received the care and support they needed. The service referred people to external healthcare professionals where appropriate.
- Staff supported people to attend external appointments where required, this was important for people who wanted an advocate to act on their behalf. People had a choice in which member of staff they preferred to support them.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff were motivated about ensuring people were well treated and supported. They knew people's needs and routines well.
- People and their relatives told us they were happy with the care they received. People told us; "I've been supported here for three years and the staff are all lovely", "I like all staff" and "The staff are all kind."
- Relatives comments included; "Staff are all kind and accommodating", "All the staff are superb" and "[Name] is treated as an individual and always encouraged to make their own choices."

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

- People's communication needs and any assistance they needed was recorded in their care plan. Care plans were presented in a way people could understand.
- People were given the opportunity to express their views and opinions through regular meetings.
- Relatives told us that people were involved in making decisions about their care and support wherever possible. Reviews of the care and support people received were regularly undertaken.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to develop their independence as far as possible. One person commented; "I chose my own bedding for my bedroom and I really like it" and "Staff encourage me to do as much as I can for myself."
- People's right to privacy and confidentiality was respected. People's dignity was maintained, and they were treated as individuals. One person told us, "Staff always ask before they come into my room."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People received care and support from consistent staff who were familiar to them.
- Care records contained information about people's preferences in relation to their care and support.
- People were fully involved in making decisions and choices and to have as much independence as possible.

Meeting people's communication needs

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

- Staff understood people's communication needs and used appropriate methods when communicating with them.
- Information was available in easy read, large print and pictorial formats. People also liked to use 'Emoji's' to show emotions that included happy, sad and thumbs up.

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

- Relatives told us they could visit people anytime and were actively encouraged to visit regularly to maintain their relationships with the people supported.
- People told us they access the community to participate in activities of their choice. Their comments included; "I like to go to church on a Sunday meet my friends", "I like to go for a drive in the car", "I like to go shopping and out for lunch" and "I like to go bowling with my friends."
- Relatives comments included; "[Name] accesses the community with staff to do activities of their choice" and "[Name] is supported and encouraged to have contact with us. I receive some wonderful emails and communication which means so much to me."

Improving care quality in response to complaints or concerns

- The registered provider had a complaint policy and procedure available in different formats. People and relatives told us that they knew how to raise a complaint and felt confident any concerns would be listened to and acted upon by the management team.
- Complaints were investigated and responded to in line with complaints policy.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

At our last inspection the provider had not ensured that systems in place to monitor and assess the service were effective and adequate. This was a breach of Regulation 17 HSCA RA Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

Continuous learning and improving care

- Regular audits were undertaken across all areas of the service. Areas identified for development and improvement were addressed through action plan.
- People care plans, risk assessment medicines records were regularly reviewed and updated. Actions were taken promptly to address any issues identified.
- There were clear systems and processes in place for learning from any concerns or complaints raised by people and their relatives.

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

- The management and staff team had developed positive relationships with people they supported and their relative.
- The service promoted person centred care and support and focused on achieving positive outcomes for people.
- Relatives and staff spoke positively about the management team. Their comments included; "There communication is excellent and I think they were all wonderful" and "The whole team are supportive."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and staff team understood their responsibilities for ensuring that risks were promptly identified are mitigated. Risks to people's health, safety and well-being were effectively managed through the ongoing review and monitoring of the service.
- The registered manager knew their responsibilities in line with regulatory requirements. They knew to notify CQC of incidents and events occurred at the service.

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

regulatory requirements

- The registered manager promoted openness and honesty in the running of the service. They were described as, 'approachable', 'supportive' and 'understanding'.
- The previous inspection rating was displayed within the premises in accordance with regulatory requirements.

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

- People, relatives and staff were regularly asked for feedback about the service through meetings and reviews. This information was used to further develop the service.
- Staff attended team meetings and told us their views were listened to and acted upon by the management team.
- People were encouraged to share their views, ideas and concerns through regular 'house' meetings. Each 'house' meeting was held and recorded in the way chosen by the people attending.
- People told us they enjoyed community activities and meeting up with their friends at numerous social opportunities.

Working in partnership with others

- The registered manager and staff work closely with other agencies to ensure positive outcomes for people. This included working with health and social care professionals, and commissioners said people received person centred care and support to meet their individual needs.