

Knowsley Metropolitan Borough Council

Knowsley Network and Shared Lives Scheme

Inspection report

The Halewood Centre
Roseheath Drive
Liverpool
Merseyside
L26 9UH

Tel: 01514432060

Date of inspection visit:
20 February 2019
25 February 2019
05 March 2019

Date of publication:
17 May 2019

Ratings

Overall rating for this service	Outstanding 
Is the service safe?	Good 
Is the service effective?	Good 
Is the service caring?	Outstanding 
Is the service responsive?	Outstanding 
Is the service well-led?	Good 

Summary of findings

Overall summary

About the service:

Knowsley Network and Shared Lives Scheme provides a supported living service for people living in their own homes and recruits, trains and supports self-employed shared lives carers (SLC) who offer accommodation and support arrangements for vulnerable adults within their own family homes in the community. This is the first inspection since the current registration, however the service had been operating for a number of years established under a different registration.

CQC only inspects the service being received by people provided with personal care. This includes help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At this inspection there were 51 people using the service.

People's experience of using this service:

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

The service followed the principles and values of Registering the Right Support and other best practice guidance. These ensure people who use a service can live as full a life as possible and achieve the best outcomes that include control, choice and independence. At this inspection the provider ensured they were consistently applied.

People received care and support that was truly individualised, flexible and responsive to their needs. We received overwhelming feedback of the positive impact this had on people and how they had changed people's lives. We saw excellent examples of how the care and support people received enhanced and enriched their lives. Staff and SLC had the upmost respect for people's individuality and empowered them to express their wishes and make their own choices. People and others knew how to feedback any concerns or complaints about their experiences and were extremely confident about doing so.

People and family members were extremely positive about how kind, caring and compassionate staff, SLC and managers were. Staff were highly motivated in providing consistent person-centred care. People told us they felt listened to, valued, respected and included in every aspect of their care and support, and the development of the service. People's independence and choice was promoted to the maximum and they were consistently supported to develop new skills. Staff, managers and SLC had formed strong trusting relationships with people and were described as often going above and beyond what was expected of them to enhance and enrich people's quality of life. Staff and managers were very compassionate in the way they supported people at the end stages of their life and after their death.

People were protected from the risk of abuse and harm. All staff and SLC had completed training in topics of safeguarding and health and safety. They understood their responsibilities for keeping people safe and reporting any concerns about people's safety. Staff and SLC consistently supported people to take positive

risks as part of an independent lifestyle. Robust recruitment and matching procedures were followed for staff and SLC. Medicines were safely managed, and people were supported to be as independent as possible with managing their own medicines. Accidents and incidents were reported in an open and transparent way and action was taken to reduce further occurrences and learn from them.

A holistic approach had been followed in the assessing, planning and delivery of people's care and support. Care plans were detailed and identified intended outcomes for people. Staff and SLC provided care and support that was met in a way people preferred and provided positive outcomes. People developed in areas such as communication, social interaction, education and independence.

Managers and leaders were knowledgeable and promoted a culture that was person-centred and inclusive. The management team actively supported people to achieve their goals and aspirations. Managers, staff and SLC were all described as being supportive and approachable and always putting the needs of people first. The service worked with other professionals in meeting people's needs. Effective systems were in place to check on the quality and safety of the service and improvements were made when required.

Rating at last inspection: This was the first inspection of the service since it was registered with CQC in February 2018.

Why we inspected:

This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was exceptionally caring

Details are in our Caring findings below.

Outstanding ☆

Is the service responsive?

The service was exceptionally responsive

Details are in our Responsive findings below.

Outstanding ☆

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Knowsley Network and Shared Lives Scheme

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of one adult social care inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. They had experience of caring for people with learning disabilities.

Service and service type:

Knowsley Network and Shared Lives Scheme provides a supported living service to people living in their own home and long-term placements, short breaks and respite care, within SLC own homes.

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 48 hours' notice of the inspection visit because we needed to make arrangements to speak with people in their own homes and in the office.

What we did:

Our plan took into account information the provider sent us. We also considered information about incidents the provider must notify us about, such as abuse. We obtained information from other professionals who work with the service.

During the inspection:

Over the three days of the inspection we spoke with a total of 16 people using the service and three family members to ask about their experience of care. We also spoke with four shared lives SLC, five supported living staff, the registered manager, and five office based staff who have responsibilities for monitoring and reviewing people's care and support.

We looked at five people's care records and a selection of medication and medication administration (MARs). We looked at other records including quality monitoring records, recruitment and training records and other records relating to the management of the service.

Shortly after our inspection, we received feedback from healthcare professionals on their experiences of the service.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were provided with information about what was meant by abuse and details of those they could contact if they had any concerns about their safety or the safety of others.
- People understood what abuse meant and they were empowered and encouraged to raise any safeguarding concerns. Their comments included; "I know what is abuse and know to tell someone if it happened to me" and "I definitely tell someone if anyone hurt me or treated me badly."
- People told us they felt safe using the service, their comments included; "I feel really safe living with [SLC]," "I have no concerns about my safety at all" and "Very safe indeed."
- Managers, staff and SLC received annual safeguarding training and they had access to the registered providers safeguarding and whistleblowing procedures and other associated guidance.
- Staff and SLC fully understood their responsibilities for protecting people from abuse. They were knowledgeable about the different types and indicators of abuse and how to report incidents of abuse they suspected, witnessed or were told about.
- The registered manager kept a record of safeguarding incidents that had occurred. Incidents were dealt with appropriately and action was taken to minimise future occurrences.

Assessing risk, safety monitoring and management

- Risks people faced were identified and measures put in place to mitigate them. People were fully involved in the development of their risk management plans and they were encouraged and supported to take positive risks as part of an independent lifestyle.
- The service had contingency plans in place to manage unforeseen situations such as breakdown of essential equipment, staff absences and extreme weather conditions.
- The service operated a 24 hour on-call system for people, staff and SLC to use in the event of an emergency or should they need any out of hours advice or guidance. Everyone was provided with details of the on call and local emergency services.

Staffing and recruitment

- The service followed robust recruitment processes. A range of pre-employment checks were carried out and verified to check that all staff and SLC were suitable to work with vulnerable people, prior to them being offered employment. Staff and SLC told us they thought the recruitment process safeguarded people. A SLC told us; "It took a while because of all the checks I had to go through, but I totally understand why they had to be done" and staff member told us; "Their checks were very in-depth."
- People were supported by the right amount of suitably skilled and experienced staff and SLC. The level and type of support people needed was kept under constant review and changes were made where required so that people's needs were safely met.
- There was a robust matching process which aimed to ensure that people were supported by staff and SLC

who were right for them. People were fully involved in recruitment and matching processes.

Preventing and controlling infection

- Staff and SLC completed up to date training in preventing and controlling the spread of infection and had access to relevant guidance and information to support their practice.
- The service provided personal protective equipment (PPE) which was used appropriately to minimise the spread of infection.

Learning lessons when things go wrong

- There were systems in place to monitor and learn from incidents and accidents.
- Records of accidents and incidents were completed in good detail and overseen by the registered manager and senior staff who monitored them for any themes or patterns.
- Where mistakes had been made these were quickly identified and action was taken to keep people safe. Learning was shared across the whole team as a way of minimising further occurrences.

Using medicines safely

- Medicines were managed safely by suitably trained and competent staff and SLC.
- Staff and SLC had access to national guidance in relation to safe management of medicines and people's individual medication needs. They followed safe practices and appropriately completed medication administration records (MARs).
- Where people were able manage their medicines independently appropriate assessments had been completed and staff supported them to ensure medication was taken at the right times and kept secure.

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed in detail. Assessments were included expected outcomes based on people's individual needs and choice. People told us they had been fully involved and listened to throughout the assessment process.
- The service worked closely with other health and social care professionals to complete assessments; this helped to ensure effective planning of people's needs and choices.
- The service provided people with support to achieve their intended outcomes whilst ensuring their needs were met. People had developed in confidence, independence, communication and social interaction.

Staff support: induction, training, skills and experience

- People's needs were effectively met by staff and SLC with the right training skills and experience. People's feedback was positive about the support they received, they told us they were supported by staff and SLC who knew them well and how to meet their needs. People also told us staff and SLC were well trained and did a really good job in supporting them. Their comments included; "[SLC] knows me very well and how I like things done," "I think the staff are well trained, everything is going really well" and "My SLC is very well trained.
- Staff and SLC received an induction and were provided with ongoing training which was specific to the needs of the people they supported.
- Staff and SLC told us they attended regular training and felt the training they received provided them with the skills and knowledge they needed to carry out their role effectively. Their comments included; "The training is really good and relevant to me," "I've had all the training I need and if I felt I needed more training they will organise it for me" and "I've learnt a lot from the training."
- Staff and SLC felt supported in their role and received regular formal and informal supervision and support. Staff and SLC told us support was always available should they need it. Their comments included; "There is always a manager available any time of the day or night to give support" and "The support we get is excellent and I am never worried about asking for help or advice."
- Staff and SLC told us they were given every opportunity to discuss their work and learning and development.

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

- People were supported to maintain a healthy balanced diet. People's food likes, dislikes and preferences were recorded in their care plan along with any special dietary requirements.
- Staff and SLC encouraged and supported people to eat healthily and they recognised the risks associated with poor food and drink intake. One person told us their SLC had supported them with healthy eating which led to them losing a lot of weight and feeling much healthier.

- People were supported and encouraged to shop for food and plan and prepare their meals.

Staff providing consistent, effective, timely care and supporting people to live healthier lives and access to healthcare services and support.

- Staff and SLC knew people well and how to best meet their needs. They provided effective support based on their training, experience and knowledge of people. A family member said, "I used to worry so much about [relative] not any more, they [staff] know him so well and have changed his life for the better in so many ways."
- People's healthcare needs were assessed and planned in detail. People were encouraged and supported to attend regular checks to maintain good health and wellbeing.
- Staff and SLC used The Anticipatory Care Calendar (ACC) a nationally recognised tool to improve daily monitoring of people's health. It overcomes barriers that can prevent people with learning disabilities accessing health services.
- Each person had a passport that included important information about their healthcare that other professionals needed to know in an emergency.
- Links were maintained with health and social care services which led to people receiving consistent, healthcare support and treatment.
- Staff and SLC encouraged and supported people to lead active lifestyles. People told they regularly took part in activities in the community. One person told us "I go swimming which helps keep me fit" and another person told us; "I go on lots of walks with my SLC."

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.

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

- Staff understood the MCA and when the principles should be applied.
- People told us they were fully involved in any decisions about their care and treatment. Staff and SLC knew what to do if they had any concerns about people's ability to consent.

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

People were truly respected and valued as individuals and empowered as partners in their care in an exceptional service.

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

- Without exception people and family members told us staff and SLC were consistently kind, caring and compassionate. Comments included; "One hundred per cent caring," "The staff are fantastic," "I find all the staff very caring indeed" "I find the service amazing" "I feel that I've come on in leaps and bounds with the service" and "My SLC is the best, treats me very well."
- The service placed a strong emphasis on ensuring people were supported by staff and SLC who they could build positive and trusting relationships with. People were fully involved in the selection of staff and SLC, so they could choose those with similar personalities, interests and hobbies.
- Staff and SLC had developed strong, caring and respectful relationships with people, their family and friends. People told us; "The staff are all very good, and I like them all, they're all familiar faces," "I get on very well with my SLC" and "All the staff are familiar to me." One family member told us, "I trust them [staff] two hundred per cent" and another told us "Staffing is consistent, [registered manager] brings in staff familiar to her [relative]."
- Staff and SLC displayed positive, warm and familiar relationships when interacting with people. There was a genuine, kind and compassionate relationship towards people supported.
- People were exceptionally well treated and supported. We saw excellent examples of staff and SLC going 'above and beyond' to support people, to ensure they had meaningful and fulfilled lives. One person told us, "My SLC very kindly swapped over the TV in their bedroom for the one in mine as mine didn't have internet." A family member of a person who began to use the service two years ago told us, "Staff went out of their way last year to take [relative] on holiday for the first time in 16 years and [relative] has two holidays booked for this year." We heard how a SLC had arranged an engagement party for a person they supported and extended their property to accommodate the person's partner and their children.
- We saw examples of outstanding practice were staff had learned sign language in their own time, so they could further improve their skills in communicating with people.
- Staff and leaders worked flexibly and in their own time to support a person before and after moving into their new home in the community after spending three years in a hospital setting. They worked consistently with hospital staff to ensure the person was always supported by someone they knew and whilst they built positive and trusting relationships with the person. This was particularly important for the person and led to extremely positive outcomes for them.
- There was a strong recognition that people were individuals and staff and SLC actively promoted equality and diversity for people supported.
- People were given the opportunity to share information about their life history, important relationships, likes, dislikes and preferences. Staff used this information to get to know people and engage them in a meaningful way. People told us staff and SLC knew them exceptionally well.

Respecting and promoting people's privacy, dignity and independence

- Staff and SLC were extremely positive and encouraging for people to be as independent as possible and try new experiences. People had successfully moved into independent living, gained employment and developed daily living skills.
 - Staff and SLC completely respected people's human rights, treated them with dignity and respect and provided compassionate support in an individualised way; For example, people received care and support from their preferred gender of carer, were addressed by their preferred name and supported to maintain important relationships and exercise their religious and cultural beliefs.
 - We heard how the staff team were united in wanting the best possible care for a person who was at the end stages of their life. Staff worked outside of their contracted hours to ensure the person had someone familiar with them at all times until they passed away. Staff explained it was particularly important to them that the person spent their last weeks at home surrounded by those that loved and cared for them. Staff assisted in arranging the person's funeral and attended with other people who used the service.
 - Staff showed upmost respect for people's privacy and dignity and routinely embedded this into everything they did. People's comments included, "Staff do respect me a lot, they always knock before coming into my room," "SLC would never go in my room without asking me" and "They [SLC] treat me very well."
 - Records relating to people's care were kept confidential and staff and SLC understood the importance of discussing people's care in private.
 - People were supported and encouraged to maintain and develop relationships with those important to them, social networks and the community. Staff and SLC promoted and encouraged people to socialise whilst still maintaining their safety. People told us staff did this very well and did not feel overwhelmed by their presence in social settings.
- Supporting people to express their views and be involved in making decisions about their care
- People were fully involved in their care. People told us they felt very much empowered to have a voice and share their views which were listened to.
 - Staff and SLC knew how important it was for people to access advocacy services and other support networks so that they were supported to make choices and decisions which were right for them.
 - We heard examples where the service supported people to through transitions to remain with their chosen SLC.

Is the service responsive?

Our findings

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

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People were actively involved in the completion of their assessments and the development of their care plans. Staff used individual ways to involve people in planning their care and support. This included the use of pictorial aids, signs and symbols to help people communicate their needs, wishes and preferences.
- Assessments were extremely person-centred and used to develop highly detailed individualised care plans.
- People received care and support that was tailored to meet their individual needs, and offered flexibility, choice and continuity of care.
- People told us they received highly personalised care and support from staff and SLC. Their comments included; "They [staff] are just amazing. I have a choice and never feel like I am being told what to do," "They [staff] know me very well and what I like and don't like," "They [SLC] makes sure my support is all about me" and "I decide the things I want to do and the days I want to do them."
- Staff invested a great deal of time supporting people to achieve their goals and aspirations which led to extremely positive outcomes for people. People spoke positively about the impact the service had on their lives; they told us they had achieved things they never thought would have been possible.
- We heard many examples from people where they had achieved their goals or were working towards them. Their comments included; "The staff have supported me to achieve small goals at a time and then overall it becomes a big achievement," "I go to slimmer's world with support from staff and in two years I have lost over 3 Stone," and "Because of them [staff] I now am more independent in my own house."
- Staff used innovative ways to enhance people's lives and improve their confidence and independence through the use of assisted technology. We heard an example where one person had achieved their long-term goal to live independently using assisted technology.
- The service took a proactive approach to understanding the needs and preferences of people and providing care which was accessible and promoted equality, including those related to protected equality characteristics.
- The service worked very closely and consistently with other professionals to support people to successfully move out of hospital settings into a supported living environment. A healthcare professional described the service as fantastic and praised them for collaborative working and good transition planning.
- Reasonable adjustments were made where appropriate and the service identified, recorded, shared and met the information and communication needs of people with a disability or sensory loss, as required by the Accessible Information Standard. Information including care plans were provided to people in formats they could easily access and understand.
- Staff and SLC supported people to live their chosen lifestyle and develop and maintain important relationships. The service offered a wide choice of support to people which enabled them to maintain close links with their partners, families and friends.
- People told us social activities were an important part of their lives and how staff and SLC supported them

with these. Without exception people told us they were supported to maintain links with the community and pursue their hobbies and interests, employment and training. One person told us about their love for cooking and how their SLC had supported them to attend regular cookery lessons. The person told us they had reached the final of a national cookery competition. Another person told us they enjoyed singing and their SLC had helped them to arrange to sing with celebrities at an event in a social club in the city. We heard how staff consistently supported a person with their interests which led to them now being in paid employment.

- A family member explained to us how their relative's social life had changed beyond recognition since using the service. They said the opportunities their relative had been given significantly improved their communication, behaviour, confidence and independence.

End of life care and support

- People were given the opportunity to plan their end of life care, and their wishes were recorded in detail. Family members and friends were involved as appropriate.
- Staff had appropriate training and were skilled at discussing with people their end of life wishes.
- Staff worked very closely with other healthcare professionals so that people experienced a comfortable and pain free death.
- Staff completely respected people's end of life wishes and treated with them with upmost dignity during the end stages of their life and after their death.
- Staff went over and above what was expected of them to comfort and support people during their last days.
- The service provided practical and emotional support to those effected by a person's death including family members, friends, staff and SLC.

Improving care quality in response to complaints or concerns

- People were given information about how to complain and they knew how to provide feedback about their experiences of care. The service provided a range of ways to enable people and others to complain such as through reviews, surveys and monitoring visits.
- People, family members, staff and SLC were extremely confident about complaining and they were completely sure that their complaints would be listened to and acted upon. Their comments included; "I have no doubt whatsoever that if I complained it would get sorted right away" and "I've never had to complain about anything, but I am certain they'd listen and put things right straight away."
- Managers, staff and SLC empowered people to share any concerns they had. The service focused on the importance of learning from complaints.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager planned and promoted person-centred and high quality care and support for people. Feedback from staff and SLC supported this. Comments we received about the registered manager included; "Will go out of her way to achieve good support and outcomes for people who use the service," "Has an excellent value base and is very person centred" and "Very approachable, personable and interested in all people."
- The culture of the service was caring and inclusive, this came across through feedback. People were empowered and involved in their care and support and the running and development of the service.
- Managers, staff and SLC had strong values which they put into practice. People consistently feedback that they felt involved, valued, respected and listened to.
- The service supported people to achieve their goals and aspirations and people's lives were enhanced and enriched through their experiences and achievements.
- People and family members spoke highly of the whole team and described how they went above and beyond to make sure people's needs were put first always. Managers and staff worked flexibly, often in their own time to provide people with consistent, personalised and compassionate care and support.

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

- There was a clear management structure across the service which everyone was familiar with. The registered manager had overall responsibility for the day to day running of the service and team leaders had clear responsibilities for line managing areas of the service.
- People, staff and SLC were complimentary about the registered manager and the way they managed the service. Their comments included; "Does not micro manage and allows autonomy which is refreshing and empowering," "Leads by example, is very calm in a crisis and is always willing to listen" "Since she took over things have changed beyond recognition" and "Is brilliant."
- Staff, SLC and family members also spoke positively about office based staff who had responsibilities for overseeing people's care and support. Their comments included; "[name] provides amazing support to us, nothing is too much trouble," "[name] goes over and above the bounds of their job," "Nothing is ever too big or too small for [name]" and "What can I say other than [name] is fantastic, made such a difference to [relatives] life."
- People, staff and SLC commented that the registered manager and office-based staff were visible and always responded to their requests for support in a timely way.
- Care records were regularly reviewed with the full involvement of people and relevant others to ensure

people received care and support which was safe, effective and responsive to their needs.

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

- The culture of the service was positive, open and transparent and supported equality and inclusion. People were empowered to voice their views, opinions and experiences about the service through many different groups and forums and their voices were heard.
- Everyone felt valued and respected by managers and leaders and staff and SLC told us they were proud to work for the service.
- Communication with health and social care professionals was consistent, a health professional commented "Communication is excellent."
- People and where appropriate their family members/representatives were given opportunities to comment on the service and put forward any ideas for improvement.
- The service organised various events throughout the year for people, SLC and staff to attend. The events included awareness days in topics such as mental health awareness and shared lives and supported living engagement sessions. Staff supported people to organise chat groups and produce newsletters to update people, staff and SLC.

Continuous learning and improving care

- Regular reviews of people's care, incidents and events meant the service was continuously adapting the support provided and reduce further incidents from occurring. Staff and SLC told us managers were always looking at ways to improve the service.
- Quality assurance systems were in place and used effectively to monitor key aspects of the service. Audits and checks were completed on a regular basis by the management team and the registered provider. Regular spot checks and reviews were in place to check on the performance of staff and SLCs and to ensure people received safe and effective care and support.

Working in partnership with others

- The service worked in partnership with external professionals in people's best interests. A healthcare professional provided us with the following feedback; They have been fantastic to work alongside, they have been interested in [person supported] and showed great optimism. They have followed the advice given to them and built good relationships. The future for [person] looks great and it's a great example of collaborative working and good transition planning. We saw an example where staff quickly responded to a SLCs concerns about a person they supported by involving healthcare professionals. The SLC feedback included; the early intervention resolved a potentially difficult situation from escalating.