Lifeways Natural Networks Limited

Natural Networks - Individualised Support Service

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection visit took place at Natural Networks Individualised Support Service on 2 November 2016 and was announced. We told the service manager 24 hours' before our visit that we would be coming. We did this to ensure we had access to the main office and the management team were available.

Natural Networks Individualised Support Service is registered to provide personal care to people living in their own homes. The service supports people who have a learning disability, mental health needs or an acquired brain injury. The service is located in Liverpool, Merseyside and it covers that geographical area and Wirral. The service is a domiciliary service and people using the service are provided with a range of hours per day or per week in line with their assessed needs. The service was providing support to nine people when we inspected.

There was no registered manager in place. However there was a new manager who had started the process to apply for registration with the Care Quality Commission (CQC). A registered manager is a person who has registered with CQC 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.

We talked with people where possible. Where people had limited communication and were not able to tell us verbally about their experience in the supported houses, we observed care and staff interactions or spoke with people's relatives. People said staff were attentive, caring supportive and helpful and respected their privacy and dignity.

Staff were aware of how to support people and keep them safe. They were aware of how to raise concerns about poor practice or abuse should they need to. We saw staff received frequent and relevant training.

Staff recruitment was safe and robust so that risks of employing unsuitable people were reduced. Staff had to wait for all required checks before they could start working for the service. There were sufficient capable and experienced staff who provided a flexible service which met people's needs.

Staff supported people to shop for and prepare nutritional and healthy food.

Staff supported people in a person centred way. Care plans were completed but not always in the person's home or up to date, so staff did not always have written guidance on how people preferred to be supported.

People were given support and encouragement to develop new skills and interests, including work, social and leisure activities. They told us they were encouraged to make choices and decisions about their care and lifestyles. Relatives were also kept involved where appropriate.

People were supported to take any medicines . Medicines were managed carefully and given as prescribed.

People said their health needs were met and staff responded to any requests for assistance promptly.

Staff were aware of the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS). However mental capacity was not always assessed or deprivation of liberty applied for via the court of protection. This meant that people were being deprived of their liberty without appropriate processes or records. Restrictive practice in place related to people's external doors being locked. These were not supported by appropriate processes or records. The new manager had started to work on this so that staff would then work within the law to support people who may lack capacity to make their own decisions.

There was a transparent and open culture that encouraged people to express ideas or concerns. People and their relatives said their views and preferences were listened to and acted on.

People we spoke with told us they knew how to raise a concern or to make a complaint. One person told us, "I would tell my staff and they would make it right." One relative spoken with said they had made a complaint and they felt it was dealt with satisfactorily.

There were procedures in place to monitor the quality of the service. The registered manager sought people's views and dealt with any issues of quality quickly and appropriately.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People told us they felt safe. There were suitable procedures in place to protect people from the risk of abuse. Restrictions were minimised so people were safe but had the freedom they wanted.

Staffing levels were sufficient and staff appropriately deployed to support people safely. Recruitment procedures were safe.

Medicines were managed appropriately. People were supported to take medicines safely, they were given as prescribed and stored and disposed of correctly.

Is the service effective?

Requires Improvement

The service was not effective.

People had no overall or decision specific formal consent to care in care files. Neither were there formal procedures were to enable staff to assess peoples' mental capacity, should there be concerns about their ability to make decisions for themselves, or to support those who lacked capacity to manage risk.

People were supported to eat healthy and nutritious meals and snacks. Staff were familiar with each person's dietary needs and knew their likes and dislikes.

People were supported by staff who had received training in care. This helped them to provide support in the way the person wanted.

Is the service caring?

Good

The service was caring.

People experienced a level of care and support that encouraged them to enjoy a good quality of life.

Staff knew and understood people's history, likes, dislikes, needs and preferences. They took into account people's individual

needs when supporting them.

People were pleased with the support and care they received. They said staff supported them well, respecting their privacy and dignity. We observed staff interacting with people in a respectful and sensitive way.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care plans and risk assessments had been written, but some information was inaccurate, out of date or unavailable.

Staff encouraged people to develop a variety of social and leisure activities of the person's choosing.

People said any comments or complaints were listened to and acted on.

Is the service well-led?

Requires Improvement

The service was not always well led.

There was not a manager registered with CQC, although the new manager was starting the process to apply to become the registered manager

A range of quality assurance audits were in place to monitor the health, safety and welfare of people . However despite these having found some of the concerns we raised, these had not yet been actioned.

People supported by the service, their relatives and staff were encouraged to give their opinions about the service. People told us staff were approachable and willing to listen if they had comments or concerns.

There were clear lines of responsibility and accountability. Staff understood their role and were committed to providing a good standard of support for people in their care.

Natural Networks - Individualised Support Service

Detailed findings

Background to this inspection

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

This inspection visit took place on 2 November 2016 and was announced. The service was given 24 hours' notice of the inspection. This was because we needed to be sure someone would be in the agencies office and that people were available to talk with us. The agency provides twenty four hour support to people who lived either alone or in with up to three other people in supported houses.

The inspection team consisted of two adult social care inspectors. The service was providing support to nine people when we inspected. We visited one supported house.

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

We spoke with four people who used the service. We also spoke with a senior manager, the manager, and five staff. We looked at the care records of two people, training and recruitment records of five members of staff and records relating to the management of the service. We also spoke with the commissioning department at the local authority and other health care professionals. This helped us to gain a balanced overview of what people experienced accessing the service.

Good

Is the service safe?

Our findings

We spoke with people about the support they received from staff. One person said, "The staff help me stay safe." A relative told us they felt their family member was safe although they said they always worried about them, however well they were looked after.

The manager had procedures in place to minimise the potential risk of abuse or unsafe care. Any issues of concern were reported appropriately by the registered manager. Staff told us they had received safeguarding vulnerable adults training and they knew what to do if they saw or suspected poor care. Records seen confirmed the training had been completed. There was a whistleblowing procedure in place and staff knew the process should they wish to raise concerns.

Risk assessments for individuals and the environment were in place. These identified and reduced the risk of accidents and harm to people who used the service, staff and visitors. These were regularly reviewed. Any accidents and incidents were noted. The registered manager reviewed these with staff to see where lessons could be learnt and risks reduced.

Staff were aware of people's individual needs and preferences. They supported people in the way the person wanted and this reduced the risk of behaviours which challenged the service. Where people had behaviour that challenged, staff looked for triggers to behaviour and found activities and support that reduced this. This had made a significant difference to the emotional wellbeing of several people who used the service. For one person when they were upset, staff found the person being able to sit in their car, even if they did not go out for a drive, helped them relax.

We looked at the recruitment and selection procedures for staff. The registered manager told us people who used the service were involved in interviewing staff as much as possible. One person told us, "I help choose staff for here."

We looked at how the service was staffed to make sure there were enough staff to meet people's needs. We talked with people who received support, relatives and staff, checked staff rotas and observed whether there were enough staff to provide safe care. People we spoke with were satisfied with staffing levels. They said staff were flexible and provided enough support to keep them safe and comfortable. The registered manager and staff team told us there had been some staff vacancies in recent months. Staff had worked additional hours to help provide consistent support rather than use agency staff who would not be as knowledgeable about people's needs.

We looked at five staff files. Application forms were completed and gaps and discrepancies in employment histories checked. References and disclosure and barring service (DBS) checks had been received for staff before they commenced employment with the organisation. These measures allowed the employer to check the applicant had relevant experience or life skills and reduced the risk of unsuitable people working with vulnerable adults.

People told us staff supported them with their medicines as they needed. We checked to see if medicines were managed safely. Staff explained the process they followed. Medicines were ordered appropriately, checked on receipt into the supported house, given as prescribed and stored and disposed of correctly. Medicine guidelines and information about the reason for each medicine were in place to inform staff about the safe management of 'when required' medicines.

Staff were trained to manage and administer medicines safely before they were able to deal with medicines without support. medicines audits were completed by the management team to assess people's safety when they were supported with their medicines.

We saw there were regular checks of the environment in the supported houses and any repairs needed were reported promptly to the landlords of the houses. Equipment was also checked routinely to ensure it was in good working order. Fire safety information and assessments were in place. Fire safety equipment was checked regularly. Staff had received fire training so they understood what to do to keep people and themselves safe.

Requires Improvement

Is the service effective?

Our findings

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. In settings such as supported housing, the deprivation of liberty safeguards cannot be used. Where there are restrictions to people in the supported houses, an application must be made to the Court of Protection who can authorise a person to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We spoke with the manager to check their understanding of this. Staff were aware of the mental capacity act but were not involved in implementing this. Neither did they know how this was implemented in the service.

We found two people care records stated that they did not have mental capacity but no information about how this decision had been reached Appropriate arrangements had not been made or records kept in regards to another person's mental capacity. There was no documentation where there were concerns about a person's ability to make decisions for themselves, or to support those who lacked capacity to manage risk. There were restrictive practices in some of the supported houses related to the external doors being locked. These were not supported by appropriate processes or records. Although the new manager had started to prepare applications, where people lacked capacity and could be deprived of their liberty, these had not been completed.

This is a breach of Regulation 11 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider had failed to gain the consent of people to provide care and treatment or act in accordance with the Mental Capacity Act 2005 where people lacked capacity.

We spoke with people to see if they were able to consent or refuse care or support. They said they could choose and staff helped them decide if they were unsure. One person said, "The staff ask me what I want to do, I choose and staff help me do it." However there was no overall or decision specific consent documented in people's care files.

People told us staff supported them with their healthcare needs. We saw specialist mobility and equipment needs had been discussed with people and recorded in care plans. Health checks were made as needed. Care records showed staff acted on any health issues promptly and monitored these. Staff developed strategies to reduce the anxiety and distress caused by health care procedures, particularly where people were non-verbal and had limited understanding of the procedures.

Each person had a health passport, but these were not always up to date. This provided information to travel with them if they needed hospital care about their care and support needs. Staff also usually supported them throughout any hospital admission to reduce the person's anxiety and communication difficulties.

People and their relatives told us staff supported them well. They told us they were confident staff were well trained and knew what they were doing. People said staff discussed with them how they preferred to be cared for and agreed and reviewed this with them. We looked at three care records. These were informative, personalised and showed people's personal likes and dislikes and care preferences.

People told us were involved in shopping and preparation of their food where possible. Staff assisted with or prepared meals for people unable to do so. They encouraged people to eat a healthy and balanced diet, informed people about good nutrition and supported people to make choices about what they ate and drank. One person told us, "I can do some of my cooking with help. I choose what I want to eat."

Care records identified people's dietary needs were assessed. We saw people were supported to eat and drink sufficient to meet their nutritional needs. People had been assessed by speech and language therapists where they had poor swallowing abilities or at risk of choking. Staff supported people according to the guidance given to reduce risks. Staff were familiar with each person's dietary need, any allergies or special dietary requirements. This assisted them to meet people's needs and preferences.

We spoke with staff about induction (initial) training following their recruitment to support them in their role. They said they received an informative induction which gave them the skills and confidence to start their new role. One member of staff said, "My induction was really helpful and made me more confident supporting people." New staff completed a six-month probationary period. This was to establish if they were competent to support people safely.

Staff told us about the training they had received. This included safeguarding vulnerable adults, autism, epilepsy, positive behaviour management, first aid, mental health, moving and handling, and medication training. Most staff had completed or were working towards national qualifications in care. This meant staff had or were developing the skills and experience to care for people. A member of staff told us, " I love the training here. [Trainer] is amazing."

Staff said they received regular formal supervisions. The one to one supervisions gave staff the opportunity to discuss their performance, future development and the support they needed in their role. Staff told us they felt supported through these and frequent informal discussions with team leaders and senior managers.

Good

Is the service caring?

Our findings

People we spoke with said the staff were kind and supporting. Where people were able to communicate verbally with us, they said staff gave them the support they wanted, when they wanted. Where people were unable to talk with us we observed staff interactions to help us understand the care and support they received.

We met people in the organisation office or in the supported houses. Staff were supportive and attentive and listened to people. One person told us, "The staff are great, They help me to do things." People told us they liked the staff who supported them. We saw they were relaxed and comfortable with staff. They said staff supported them in their daily activities and to make choices and decisions. One person told us, "The care and my staff, are really good" Another person said, "The staff help me sort things in the house as well as cooking and cleaning."

Staff had an understanding of protecting and respecting people's human rights. They understood that people could not be discriminated against for their gender, sexuality, age, nationality or religion. When we discussed this with staff, they described the importance of making sure they enabled people to hold on to their diversity and individuality. Staff supported people's right to make choices about their daily life.

We saw staff were sensitive to people's needs and mindful of people's privacy and dignity. They were polite and respectful when they talked with people and respected their personal space.. From discussions with staff we learnt they knew to remain calm, respectful and empathetic if people became agitated or angry. They gave the person time and space to regain their composure and sensitively helped them to regain their composure.

We talked with staff about advocacy services should people require someone independent to act on their behalf. We were told people knew how to get support from independent advocates and self-advocacy and found information had been made available to people about this. This was particularly important so people had a 'voice' where there was no family involved.

People's end of life wishes had been recorded so staff were aware of these. We were told people were supported to receive end of life care in their supported house where possible. This allowed people to remain comfortable in their familiar, homely surroundings, supported by familiar staff.

We asked external agencies including the local authority contracts and commissioning team and Healthwatch. They told us they had no concerns. The service informed the local authority of any safeguarding concerns and took quick appropriate action on any concerns. Comments received from other professionals were supportive of the service.

Requires Improvement

Is the service responsive?

Our findings

We spoke with people about their experiences of the service. They said staff supported them in their house with cooking and managing their money and in social and leisure activities in the local community. One person said, "I enjoy going out with staff and doing different things."

People had their care and support needs assessed before they were supported, so staff knew they could meet their needs. Staff then planned the support the person needed. We looked at care records of three people. One person's care records were not available in the supported house when we inspected. Staff told us they were being updated but if care records are not available to the person and to staff they do not inform the care provided. Care records, where in place, were personalised, but were not always accurate, updated or dated and signed. This reduced the relevance of the information as their, care and support needs, likes and dislikes, wishes, activities and interests may have changed. The daily records were informative and reflected the activities, support given and any health issues or occurrences throughout the day. Easy read information was available but again not always updated regularly.

This is a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider had failed to maintain an accurate, complete and contemporaneous record in respect of each person.

We saw people were usually supported by the same small group of staff. Staff were matched with people as much as possible to assist the person to relate to the member of staff. Staff were aware of the support needs and preferences of people they supported, despite the limited care records.
We saw from speaking with people that experienced a level of care and support that encouraged them to enjoy a good quality of life. Staff took into account each person's choices when supporting them. The enabled them to retain family connections and establish friendships if they wished and to develop skills and independence.

Staff recognised the importance of people being involved in activities and social contact. They supported people to engage in activities and interests in the home and the local community. We saw people were involved in social and leisure activities such as gardening, cooking, meals out, cinema, swimming, gym sessions and drives out, People were also supported to go on holidays of their choosing with staff support. Staff felt that they met people's preferences and cultural needs. However the family of one person felt this was not always the case and staff did not always support them to go to their place of worship. People able to converse with us felt their support needs were met in the way they wanted.

We looked at the complaints policy which was in both a text and an easy read format. We saw people had been given information on how to complain. We asked people if they knew how to raise a concern or to make a complaint. They told us they knew how to complain if they were they wanted to. One person said, "I would tell my staff. " Another person said, "I have no problems but if I did I would tell someone."

Requires Improvement

Is the service well-led?

Our findings

There was not a registered manager in place. However a new manager was in post when we inspected. They had started the process to apply for registration with the Care Quality Commission (CQC). People told us the senior staff team were visible, approachable and listened to them. They said they could talk with staff and discuss any suggestions or concerns. We saw a comment from one person, "I feel I can talk to the staff about different things and enjoy their company."

The management team sought people's views in a number of ways. There were regular quality focus groups at local regional and national level where people could add their voice to quality issues. There were tenants meetings where people agreed to these in the supported houses, as well as informal conversations with senior staff. People who received a service, and where appropriate relatives had completed satisfaction surveys about their support, activities and any changes they would like. The responses we saw were mainly positive and praising of staff and the support people received. These included: 'Your support is excellent and caring.', 'The staff are very friendly and care well for my [family member]. And 'Caring, non – judgemental, reliable and positive staff." However one person wanted more control over who supported them each day.

Staff meetings and supervision sessions were held regularly. These gave staff the opportunity to suggest ideas, talk through any issues or concerns and give their opinions on care practice. There were clear lines of responsibility and accountability within the staff team. Staff spoke positively about the support they received from their managers, with frequent supervision and staff meetings. They said if they asked for support or advice, the management team were supportive, approachable and willing to listen to ideas. One member of staff told us, "They are good managers and approachable and give us good support." There was an on call rota of senior staff which all staff had access to. This enabled them to seek advice and support when needed.

There were quality assurance procedures in place to monitor the service. Audits were regularly completed to check the quality of the service. Audits included monitoring the care records, equipment, medication procedures, falls, staff support and maintenance. Senior staff had been aware of the issues we found with care records, but they had not taken action when we inspected the service. The new manager had made plans to amend and update care records and these were due to start soon after the inspection.

There was an up to date business continuity plan in place. A business continuity plan shows how the management team had planned what action they would take should an incident or accident that affected the running of the service took place.

Registered providers are required to notify the Care Quality Commission (CQC) about any significant events which take place at the service. The registered person had taken the appropriate action to keep people safe where incidents had occurred. They had also informed CQC and the local authority safeguarding team.

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 registered person did not have suitable arrangements in place for obtaining consent and acting in accordance the Mental Capacity Act 2005.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to maintain an accurate, complete and contemporaneous record in respect of each person.