

Making Space

Knowsley Extra Care

Inspection report

Crawshaw Court
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Huyton
Merseyside
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Tel: 07813349928

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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

People who use the service live in their own apartments across two complexes. One of the complexes is the registered location. Managers and staff have access to an office in both complexes. There were 26 people using the service at the time of the inspection.

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

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.

Since the last inspection significant improvements had been made to people's safety, assessing and planning people's care, storage and maintenance of records and the systems for checking on the quality and safety of the service.

Medicines were managed safely, and people received their prescribed medication at the right times. Risks to people were assessed and control measures put in place to reduce the risk of harm to people. People were protected from the risk of abuse. Safe recruitment procedures were followed, and people received care and support from the right amount of suitably skilled and experienced staff.

People's needs were assessed with their full involvement. People received effective care and support to meet their needs and choices. Staff received the training and support they needed for their role. People's right to make their own decisions was understood and respected.

People were treated with dignity and respect and their independence, privacy and confidentiality was promoted. Staff were knowledgeable about people and formed trusting and positive relationships with them.

People received personalised care and support which was responsive to their needs. People's needs were regularly reviewed with their involvement. People were given information about how to complain and they told us they would complain if they needed to. Staff understood how to provide people with dignified end of life care.

The interim manager and staff promoted a person-centred service and there was an open and positive culture. There was good partnership working with others to improve and promote the service. There were effective systems in place for monitoring the quality and safety of the service and making improvements. The views and opinions about the service was obtained from people, staff and relevant others.

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

Rating at last inspection

At the last inspection the service was rated requires improvement (published 23 October 2018).

Previous breaches

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider is no longer in breach of regulations.

Why we inspected

This inspection was carried out to follow up action we told the provider to take at the last inspection.

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 caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

Knowsley Extra Care

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. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector carried out this inspection.

Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

The service did not have a manager registered with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced on day one and announced on day two.

What we did before the inspection

We reviewed information we had received about the service from the provider and other agencies 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 (PIR). 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. We used this information to plan our inspection.

During the inspection

We spoke with seven people who used the service about their experience of the care provided. We spoke with the interim manager and six care staff.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. 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 corroborate evidence found. We looked at training data and quality assurance records. We spoke with one professional who regularly visited 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.

Using medicines safely; Assessing risk, safety monitoring and management

At our last inspection the provider had failed to manage medicines safely and robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found sufficient improvement had been made and the provider was no longer in breach of regulation 12.

- People received their prescribed medication at the right times and stocks of medication tallied with medication administration records (MARs).
- MARs were accurately completed, and staff had access to information and guidance about how to safely administer medicines.
- Protocols were in place to guide staff on the use of medication prescribed to people to be given 'when required' (PRN) and staff had guidance on how to assist people with the application of topical creams.
- Regular checks were carried out on medication and MARs and any areas identified as requiring improvement were quickly acted upon.
- Medicines were safely stored and administered by appropriately trained and competent staff.
- Risks to health and safety were assessed and control measures were in place to mitigate the risks identified. Staff understood risks people faced and they managed them in a way that respected people's freedom.
- Risk assessments and management plans covered various aspects of a person's life, including those associated with mobility and medical conditions.
- Staff had access to the interim manager and senior staff through a 24 hour on-call system. People and staff held devices which enabled them to call for assistance remotely.
- The service had plans in place to follow in the event of any emergency such as a fire, flood or a breakdown of utilities. Each person had a personal emergency evacuation plan (PEEP) in their home and copies were also held in a file kept in the office, making them easily accessible to emergency services.
- Staff wore identification (ID) badges and followed safe procedures when entering and leaving people's homes.

Learning lessons when things go wrong

- There was a system in place for recording any accidents and incidents which occurred at the service. An analysis of any near miss, incident or accident was carried out to identify any patterns or trends so lessons could be learnt when things went wrong.

- Lessons were learnt, and improvements made following our findings at the last inspection.

Systems and processes to safeguard people from the risk of abuse

- Staff and managers completed safeguarding training and had access to information and guidance about safeguarding people. They understood their responsibilities for protecting people from abuse and how to report such incidents.
- Allegations of abuse were appropriately raised with the local authority safeguarding team and the service worked with them to minimise further allegations of abuse.
- People told us that they felt safe using the service and that they trusted the staff. Their comments included; "I feel very safe and have confidence in them [staff]," "I trust them [staff] a lot. I feel safe and secure with them" and "They [staff] do things very carefully."

Staffing and recruitment

- Safe processes were followed for the recruitment of staff. Prior to an offer of employment applicants were subject to a series of checks to assess their suitability to work with vulnerable people.
- People's needs were safely met by the right amount of suitably skilled and experienced staff.
- People told us staff attended their homes mostly on time and stayed for the full duration of their contracted visit. One person told us, "I have visits from regular staff. They are usually on time, if they are delayed they let me know" and another person told us "They [staff] always stay for the right amount of time and do everything they need to do for me."

Preventing and controlling infection

- Staff completed training in the prevention and control of infection and they had access to current national guidance to help support their practice.
- Staff followed safe practice, they used personal protective equipment (PPE) and safely disposed of waste to minimise the risk of the spread of infection.

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

At our last inspection the provider had failed to assess people's needs. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found sufficient improvement had been made and the provider was no longer in breach of regulation 12.

- An assessment of people's needs, and choices was completed in line with legislation and best practice and expected outcomes for people and how they were to be met were identified.
- People were involved in the completion of assessments along with family members and other health and social care professionals where this was appropriate.
- Care and support was reviewed regularly to understand progress and make changes where needed.
- People told us their care plans accurately reflected the care and support they had agreed to, and that staff followed them correctly.

Staff support: induction, training, skills and experience

- People received care and support from staff with the right skills and knowledge. New staff completed an induction and all staff completed ongoing training in topics relevant to their job role and people's needs.
- Staff completed most training on line, however where it was required class- room based training was provided for practical topics such as moving and handling.
- Staffs knowledge and competence was assessed through the completion of knowledge checks and regular observations of their practise.
- People told us they felt staff were well trained and good at their job. Their comments included; "Staff are very good at what they do" and "They [staff] do a great job."
- Staff received an appropriate level of support for their job role. Staff told us they felt well supported.

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

- People who required it received the support they needed to eat and drink and to maintain a healthy and balanced diet.
- The type and level of support people needed along with any special dietary requirements were set out in their care plan.
- People told us staff prepared their choice of food and drinks and they got their meals on time. People's comments included, "They [staff] are really good at making my meals," "I tell them [staff] what I want, and

they make it for me" and "They [staff] make sure I have got a drink at hand and ask me if I'd like a snack making for later."

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

- Where people required support from healthcare professionals this was arranged, and staff followed guidance provided. Information was appropriately shared with other agencies if people needed to access other services such as hospitals.
- Care plans provided details of the support people needed with their healthcare needs or with accessing other healthcare professions.
- Staff had a good understanding of people's healthcare needs and they were confident in recognising any changes in people's health and when input from other healthcare professionals was needed.

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 with appropriate legal authority. Where people are deprived of their liberty in their own homes, applications must be made directly to the Court of Protection.

- At the time of the inspection no person using the service had any restrictions placed on their liberty.
- Staff had completed MCA training and understood the principles of the Act and when they should be applied. Staff knew not to deprive a person of their liberty unless it was legally authorised and to seek advice if they had any concerns about a person's ability to understand decisions.
- People told us staff always gained their consent before providing them with any care and support. One person told us, "They [staff] always ask me first" and another person told us, "They [staff] explain what they are going to do and check with me if it's ok."

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 supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence.

At our last inspection the provider failed to ensure the confidentiality of people's personal records. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found sufficient improvement had been made and the provider was no longer in breach of regulation 17.

- The office containing people's personal records was always kept secure when unoccupied by staff. Personal records were made accessible only to relevant staff and authorised others on a need to know basis.
- Staff treated people with dignity and were respectful of their independence and privacy. People told us; "Staff always knock on my front door and wait for me to ask them in," "They [staff] give me time on my own in the bathroom but stay close by in case I need them," "I am very independent and they [staff] know that and understand what I can do for myself" and "They [staff] encourage me to do as much as I can for myself and I like that."
- People were supported to maintain and develop relationships with those close to them and with social networks within the community.

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

- People were treated with kindness and respect. We received positive feedback from people about the caring attitude of staff. People's comments included, "All the staff are very kind and friendly, and they show compassion," "They always have time for you and they make me laugh" and "They [staff] always ask how I am and say hello and goodbye"
- Staff spent time getting to know people's preferences and used this knowledge to care and support people how they liked. Staff understood people's life history which promoted positive and meaningful relationships between them.
- Where people had limited verbal communication to express their needs and choices, staff understood their way of communicating. Staff observed body language and gestures to interpret what people needed.

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

- Staff supported people to make decisions about their care and knew when people wanted help and support from family members.
- People were given the opportunity to express their views about their care through regular care review

meetings, 'Tenant' meetings and through the completion of surveys.

- People were provided with sources of advice and support or advocacy.

Is the service responsive?

Our findings

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

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

At our last inspection the provider failed to provide people with person-centred care. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found sufficient improvement had been made and the provider was no longer in breach of regulation 9.

- People received personalised care and support which was responsive to their needs and choices.
- People were involved in the planning and reviewing of their care. This gave them the opportunity to discuss and agree their needs and how they were to be met in a way they preferred.
- Care plans detailed people's hobbies and interests and how they preferred to spend their time.
- People told us they received personalised care and support that met their needs. Their comments included; "They [staff] know me well and do things just how I like," "I get all the support I need" and "I couldn't ask for better care."

Meeting people's communication needs

From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was provided to people in formats to meet their needs. Care plans included how people communicated and if they used any communication aids or systems.

Improving care quality in response to complaints or concerns

- People were given information about how to make a complaint and they were confident about complaining should they need to. People felt their complaints would be listened to and acted upon.
- Complaints had been dealt with in line with the providers complaints procedure and used as an opportunity to improve the service.

End of life care and support

- People were given the opportunity to plan their end of life care and their wishes following their death.
- At the time of the inspection no one using the service was receiving end of life care. However, staff received

end of life care training and were aware of good practice and guidance when providing people with end of life care. This included working closely with other professionals to make sure people experienced a dignified, comfortable and pain free death.

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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to effectively assess the quality and safety of the service and make improvements. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found sufficient improvement had been made and the provider was no longer in breach of regulation 17.

- There was no registered manager in post at the time of the inspection. The Care Quality Commission had received a registered managers application which is currently being processed.
- There was an interim manager in post. The interim manager demonstrated a commitment to ensuring the service was safe and high quality.
- Significant improvements had been made since the last inspection and managers and staff had worked hard to achieve this.
- The provider operated the service in line with the requirements of their registration. All records relating to the management of the service were held at the registered location.
- The providers quality assurance systems had been reviewed since the last inspection and a range of new systems and documentation had been introduced making it more robust.
- Checks on areas such as medicines, assessment and care planning were more robust, and a new electronic system had been introduced for recording, monitoring and analysing accidents and incidents.
- The interim manager and senior staff carried out regular checks of the service in line with the providers systems. Where areas for improvement were identified they were actioned in a timely way.
- The interim manager had ensured they communicated all relevant incidents or concerns both internally to the provider and externally to the local authority or CQC as required by law.
- The ratings following the last inspection were prominently displayed at the service and on their website in line with regulations.

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 interim manager had displayed an open approach and listened to staff, people and others when things went wrong. They had been honest and worked in partnership to make improvements.
- The provider held meetings with people and their representatives to update them on the findings of the

last inspection and to share their plans on how and when they intended to make the required improvements to the service.

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

- Managers and staff demonstrated a commitment to provide person-centred, high-quality care.
- Staff told us they felt listened to and that the interim manager was approachable and supportive.
- Staff understood the provider's vision for the service and they told us they worked well as a team to deliver the best possible care and support for people. One member of staff told us, "Things have improved a lot, we work well together, and all want the best for those we support. [Interim manager] listens and gets things done."

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

- Surveys had recently been sent out to people to obtain their views about the service. People were also given the opportunity to express their views through regular review meetings and 'tenants' meetings.
- There was an open-door policy operated at the service and the interim manager empowered people and staff to speak up freely, raise concerns and discuss ideas.
- Staff and the interim manager involved people and their representatives in day to day discussions about the care provided.

Working in partnership with others

- Feedback received showed the service worked in partnership with other agencies such as commissioners of the service, local authority safeguarding teams and the Clinical Commissioning Group (CCG).
- There was a consistent approach to meeting action plans set by others including commissioners and the CCG.