

Support for Living Limited

# Support for Living Limited - 25/27 Haymill Close

## Inspection report

25-27 Haymill Close  
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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We undertook an unannounced focused inspection of Support for Living Limited - 25/27 Haymill Close on 6 November 2018.

This inspection was carried out to check that improvements to meet legal requirements after our comprehensive inspection on 10 and 12 April 2018 had been made. We inspected the service against two of the five key questions we ask about services: 'is the service well-led?' and 'is the service safe?'. This is because the service was not meeting some legal requirements.

At our last inspection we found that two bathrooms were not maintained to a good standard of cleanliness. In addition, equipment was stored in an unsafe manner in the bathrooms. Therefore, we found a breach of the regulations with regard to premises and equipment. Following the last inspection, we asked the provider to complete an action plan to show what they would do to meet the regulation they were breaching. At this inspection we found that measures had been put in place to ensure that the bathrooms were maintained in a clean manner. Appropriate alternate arrangements had been made for the storage of equipment. The quality assurance systems in regard to monitoring the safety and quality of the premises had also been improved.

No risks, concerns or significant improvement were identified in the remaining key questions through our ongoing monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these key questions were included in calculating the overall rating in this inspection.

Support for Living Limited - 25/27 Haymill Close is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care home accommodates six people with a learning disability, some of whom may have mental health needs, in one adapted building. The bedrooms and communal facilities are on the ground floor and there are several spacious lounges, dining rooms, two kitchens and bathroom facilities. There was an enclosed safe garden for people's use. At the time of our inspection five people lived at the home.

The provider for Support for Living Limited - 25/27 Haymill Close is Support for Living Limited under the brand name of Certitude. In this inspection report we will refer to the provider as Certitude.

The care service has been developed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen."

Registering the Right Support- CQC policy

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'.

Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was clean throughout and staff were observed to use personal protective equipment appropriately to avoid cross contamination.

The medicines procedure had been reviewed since our last inspection and we found that medicines were stored and administered in a safe manner by staff. Regular medicines audits were undertaken by the registered manager to check medicines were administered and recorded correctly.

The registered manager assessed staffing levels to ensure there were enough staff to meet people's support needs. Certitude's recruitment procedures had been followed to ensure the safe recruitment of staff.

Staff and the registered manager could tell us how they would recognise signs of abuse and knew how to report any concerns to the appropriate authorities. The registered manager undertook checks of incident and accident entries and daily records of people's care to ensure all concerns were reported and investigated appropriately. When an error or near miss had occurred, measures were put in place and learning was shared with the staff team to avoid a reoccurrence.

The registered manager confirmed they were well supported by the area manager who visited the service at least once a week.

The registered manager and provider had completed audits to check the quality of the service provided to people and undertook appropriate actions to meet any shortfalls that were identified.

The registered manager had, with the provider's fund-raising team worked with sponsors in the local community to raise funds to refurbish some areas of the home for the benefit of the people living there.

There were good lines of communication between staff and the management team. Daily handovers took place and there were regular team meetings to support staff to raise concerns and to share information. Staff were encouraged to reach their full potential and apply for senior positions with the provider.

Certitude had a strong ethos to promote opportunities for people with learning disabilities and mental health and worked in partnership with the local authority and other agencies to promote those opportunities.

## 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. The home including the bathrooms was maintained in a clean manner and staff observed good infection control practices. Equipment was stored appropriately.

Medicines were stored securely and administered by staff who had received training to administer people's medicines in a safe manner.

The registered manager assessed staffing levels to meet people's care needs. Staff were recruited in a safe manner in line with the provider's recruitment policy.

Staff demonstrated they could recognise signs of abuse and the registered manager undertook checks of people's records to ensure all concerns had been reported appropriately.

When mistakes or near misses had been made learning from those mistakes was shared with the staff team to prevent a reoccurrence.

Good 

### Is the service well-led?

The service was well-led. The registered manager and the provider Certitude had systems in place for auditing the service to ensure a good standard of service delivery.

There were good lines of communication between the management team and staff. Staff were well supported and encouraged to reach their full potential.

The provider had a clear ethos to promote opportunities for people with a learning disability and mental health needs. They worked with the local authorities and other agencies to achieve the best outcomes for people.

Good 

# Support for Living Limited - 25/27 Haymill Close

## **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 focused inspection of the key questions, 'is the service safe?' and 'is the service well-led?' took place on 6 November 2018 and was unannounced. One inspector undertook this inspection.

Prior to the inspection we looked at the action plan the provider had sent us that contained the measures they had said they would implement to address the concerns found at our previous inspection. We read previous inspection reports and we reviewed information we held about the service, this included notifications. A notification is information about important events that the provider is required to send us by law.

During our inspection, we looked at two people's care records. This included their care plans, risk assessments and daily notes. We also did a partial tour of the premises and looked at three people's medicines administration records. We spoke with one senior care staff, the registered manager, the deputy manager and the area manager who was visiting the service.

Following our inspection, we reviewed two staff recruitment records that were provided by Certitude head office.

## Is the service safe?

### Our findings

At our last inspection in April 2018 we found a breach of the regulations related to the safety of the premises and equipment because bathroom facilities at the home were not clean and storage of equipment was not being managed in a safe manner. We found at this inspection improvements had been made to address the breach. Both bathrooms at the home were clean and well-maintained. The service had made provision for unused items to be stored appropriately. Items that were required on an occasional basis to assist people's mobility were stored safely.

Refurbishment of the premises was taking place with funding donated by a local business. Communal areas were being redecorated and the provider had cleaned the carpets and staff had sanded furniture to give a fresh look to the lounges and dining areas. Consideration was being given to new furnishings that people living at the home would enjoy.

Staff were observed to use personal protective equipment (PPE) appropriately and disposed of contaminated waste in a safe manner. A senior care worker told us, "We use PPE all the time, we wash our hands every time we go in the kitchen and we use different chopping boards." Reminders for staff and visitors to wash their hands were displayed in areas such as the kitchen and wash rooms. Hand washing liquid and paper towels were supplied in these areas.

The two kitchens contained colour coded chopping boards to prevent cross contamination and food was being stored appropriately. We noted that fridge temperatures had been taken for both kitchen fridges each day. One fridge was recorded at 6 degrees for 16 days. However, when we looked at the thermometer it was 12 degrees. The fridge felt cold to the touch. The registered manager thought the fridge may have just been used and left open. They showed us that they had put this issue as an agenda item for the afternoon's staff meeting to discuss and to raise awareness that staff should record the correct fridge temperature. The registered manager told us they would monitor staff recordings closely to ensure they did reflect the actual temperature.

At our previous inspection we found some minor errors in the way medicines were managed. At this inspection we found that the registered manager had reviewed the medicines administration procedure to make it clearer for staff to follow. Medicines administration records (MARs) we viewed were completed appropriately. Two staff always administered medicines and these were only given by permanent staff. This helped to minimise the risk of an error being made. There was a check made by the team leader at each handover when medicines were counted and signed as the correct tally. The registered manager audited the medicines and the MARs to ensure no mistakes had been made.

People's MARs contained clear information about when the medicines should be administered and at what dosage. MARs contained guidance for staff when a medicine should be given at a certain time, for example, with or before food. Some people received as and when needed medicines (PRN). There were guidelines in place that had been signed by the GP. One person's PRN medicines had been prescribed the week prior to our inspection. There were guidelines for the staff should the medicines be required and the service had

requested and was waiting for the GP signature on the guidance.

All medicines were stored securely and there was restricted access to the medicines cabinet. The temperatures in the medicines storage area had been recorded. Actions were also recorded to cool the area down when temperatures had become too high on the hottest summer days.

The registered manager and staff demonstrated that they could recognise possible signs of abuse and understood their responsibility to report concerns appropriately. A senior care worker told us, "We all receive regular safeguarding adults training, they send us a reminder." They continued to tell us how they would recognise if there was a concern. They told us the people they worked with have complex needs and may not be able to say if there was something wrong. They explained, "We observe the service users very carefully...we always write down everything that happens. We know their symptoms and would know if something was wrong. I would report if I saw anything unusual. I would report first then complete an incident report. We have a very thorough and precise system."

The registered manager had reported any possible safeguarding adult concerns to the appropriate authorities and had notified CQC. They had completed thorough investigations and had recorded all actions taken. They had an overview of concerns so they could identify if there was a theme or systematic issue. They reviewed all accidents, incidents and people's daily notes to ensure that all concerns were reported appropriately by staff.

The registered manager told us how they shared learning from incidents and accidents with the staff team to improve the service they provided and to ensure there was not a reoccurrence. They described following a safeguarding concern they had met with staff and fed back the findings of their investigation and safeguarding meeting with the local authority. They looked at ways to prevent a reoccurrence with the suggestions and input from the staff team.

The registered manager assessed risks to people and put measures in place to mitigate the risk of harm. Risk assessments included, a "Keeping me well and safe assessment." This included, risks associated with people's physical health, medicines, behaviour and a personal emergency evacuation plan. Risks under each heading were identified and addressed. These included, safety at home, bathing and showering, mobility, safety when out, transport, tenancy, not wanting services, nutritional support, skin integrity and individual behavioural management issues. Risks were graded as low, medium or high to show the level of risk to each person. There were clear guidelines in place for staff. We saw that when there had been a change of circumstances the risk assessments, care plan and associated guidelines had been reviewed and shared with the staff team.

The registered manager assessed staffing levels in the home to ensure they could meet people's care needs. They gave an example that when one person required more care due to a change in their circumstances they approached the commissioning authority and were given extra funding for some extra one to one staffing for a limited period. A senior care worker told us, "We had enough staff but two staff are leaving...we are now short of permanent staff. We have service users with complex needs. We are already recruiting but it will be a long process and there will be a gap." The registered manager confirmed they were actively recruiting and would use the provider's bank staff service called, "Our choice." They said, they would if necessary, use known agency staff too. They explained bank and agency staff had worked with the service over many years, sometimes they had known the people living at the service for ten years and therefore were familiar to them and understood their care needs.

Following our inspection, we requested and were sent the recruitment records for two staff members. We

found that they had been vetted for their suitability to work with people using the service through the provider's recruitment process. The provider had undertaken checks of their identity, criminal records checks and had secured two references before they made an offer of employment.

## Is the service well-led?

### Our findings

At our previous inspection in April 2018 we found that quality assurance systems had not identified the ineffective cleaning and inappropriate storage we found during the inspection. During this inspection we found the provider had addressed these concerns and had good audit and checking systems in place to ensure the quality of the service provided.

Systems to audit the service included a daily health and safety check list. This included, checking food preparation surfaces were clean, first aid boxes were in their correct location, fridge temperatures were recorded and fire procedures were displayed. This check list was completed by permanent staff on duty. There was also a completed weekly check list that included fire alarms testing and medicines audit. The registered manager undertook monthly audits that included, people's records, staff personnel files, health and safety, medicines, finances and fire safety. All the registered manager's audits were shared with the provider who scrutinised and compared these with the other services operated by Certitude. Actions with time scales were put in place to address any identified shortfalls.

There was a yearly risk assessment undertaken for the home and a health and safety audit had been completed in May 2018 by an outside agency. All high risks identified during the audit had been addressed in that appropriate mitigating factors had been put in place. We saw when suggestions had been made these were implemented. For example, the agency had suggested a night time fire drill when only the night staff were available to support people. The registered manager had actioned this and was changing the night time fire procedure to reflect the findings from the drill. Fire procedures and firefighting equipment were evident in key locations in the service and there was a business continuity plan that gave guidance to staff should there be an emergency.

The registered manager described ongoing work with the landlord, a housing association, to address maintenance concerns as they arose. The registered manager had ensured that checks were completed each year such as gas and portable electrical appliance tests. Equipment used by the service such as hoists and wheelchairs were also routinely checked to ensure people's safety.

There were good lines of communication in the service. Daily handovers were given with updates about each person living at the home. Information was shared and documented. There were regular staff meetings with relevant agenda items. The registered manager told us meetings were used to share information, address practice issues and to support staff to raise concerns or ideas. Staff told us the registered manager was supportive. One senior care worker told us, "[Registered manager] they are excellent, they listen and are very approachable. If we have an idea they listen and try to implement it." The registered manager told us that the staff were, "An asset to the service," and encouraged them to reach their full potential.

People living in the home were supported to access other provider services. This included a centre where they could take part in activities they enjoyed. When people could communicate their views verbally about the support they received this was recorded and people were encouraged to speak up. There was a key-worker system. This is when an identified staff member has a specific responsibility to build a close working

relationship with a person and acts as the point of contact for family and professionals. Key-workers observed people's behaviour and responses and noted what made people happy. This was fed back to the staff team and used to assess if people were happy living at the home. People's care plans were reviewed on a regular basis and staff observations were shared with people's relatives who were invited to care reviews, to share their views.

The registered manager told us they were well supported by the provider Certitude. They described the area manager as "Amazingly supportive." We met the area manager during our inspection. They told us they visited the home at least weekly and had a good oversight of the service provision. They demonstrated they knew the people living at the home well. The registered manager told us they updated their learning and had attended a, "Leading at Certitude" four-day training course. They had found this helpful in their role. They also attended regular Certitude meetings where they met other managers to share ideas and learning.

The provider's ethos for people with a learning disability and mental health was, "Everyone has a right to a good life." This message was on all of Certitude's key documents. The provider undertook many initiatives that promoted the rights of people with learning disabilities and mental health.

The registered manager described there were new initiatives being put in place by the provider for the improvement of their services. They told us about recent work undertaken by the Certitude head of service for Ealing to look at restrictive practices. They described how they checked to ensure their own practice at the home was not restrictive in any way that was not necessary for people's safety. This included, questioning if locks on doors were necessary or if there was another way to manage people's safety. A discussion took place about bed time routines to check they were not restrictive to the person. Staff had been involved in discussions through team meetings. The registered manager described this initiative was ongoing.

The registered manager worked in partnership with other departments in Certitude for the benefit of the people living at the service. This included, working with the fund-raising team to access funding from a local community business for the refurbishment of the service. They worked with external partners including health and social care professionals and commissioning bodies for the benefit of the people using the service.