

## Support for Living Limited

# Support for Living Limited - 43 Shirley Gardens

### Inspection report

43 Shirley Gardens  
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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 

### Overall summary

This inspection took place on 27 August and 1 September 2015 and was unannounced. At the last inspection on 10 April 2014 we found the service was not meeting the regulation relating to notifications. At this inspection we found that improvements had been made in the required area.

43 Shirley Gardens is a care home which provides accommodation and personal care for up to seven people. The service specialises in the care and support of

adults who have mental health needs. At the time of our visit there were six people using the service. 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

# Summary of findings

associated Regulations about how the service is run. However, the registered manager was on long term leave and an interim manager was in post, we have referred to them as the manager throughout the report.

People told us they felt safe and that staff worked with them to keep them safe in the home and in the community. Staff were knowledgeable about how to recognise signs of potential abuse and aware of the reporting procedures.

Assessments identified risks to people and management plans to reduce the risks were in place, these were regularly reviewed to minimise potential harm to people using the service.

Recruitment processes were thorough and included checks to ensure that staff employed were of good character, appropriately skilled, and physically and mentally fit. There were appropriate numbers of staff to meet people's needs and provide a safe and effective service.

People received care and support from staff that had the required skills, knowledge and training to meet their needs effectively. Staff support was provided through a programme of supervision and appraisal.

Safe arrangements were in place for the management of medicines and people received their prescribed medicines when they needed them.

People had been assessed as to whether or not they had capacity to make decisions and consent to care and

treatment. Staff understood and had a good working knowledge of the key principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). They put these into practice effectively, and ensured people's human and legal rights were respected.

People were supported to eat and drink well and stay healthy.

Staff monitored people's health and wellbeing and sought advice and assistance from other health and social care professionals promptly if they had any concerns.

People had positive relationships with staff who treated people with kindness, dignity and respect. Staff knew the people they cared for well and were committed to helping them achieve a good quality of life.

People received care that was based on an assessment of their needs and preferences. They were involved in all aspects of their care and were supported to lead their lives in the way they wished to.

The management team provided good leadership and direction so that people received safe and effective care that was responsive to their needs. People and staff told us the management team were approachable, inclusive, and supportive. The service had an open and transparent culture, with clear vision and values.

The provider had effective systems in place to monitor the quality and safety of the service so areas for improvement were identified and addressed.

# Summary of findings

## 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.

People were kept safe from harm and abuse, they told us they felt safe. Staff knew how to respond to any concerns they had about people's safety.

Risks were assessed and plans were in place to protect people, whilst promoting their independence and choice.

The provider ensured staff were recruited safely and appropriately by carrying out the relevant employment checks. Staffing levels were flexible so people had the necessary support to make sure their needs were being met safely.

Good



### Is the service effective?

The service was effective.

Staff were supported to deliver effective care through appropriate and regular training, supervision and appraisal.

Staff understood and had a good working knowledge of the key principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. They put these into practice effectively, and ensured people's human and legal rights were respected.

People were supported to eat and drink well and stay healthy

Staff monitored people's health and wellbeing and sought advice and assistance from other health and social care professionals promptly if they had any concerns.

Good



### Is the service caring?

The service was caring.

People had positive relationships with staff and were treated people with kindness, dignity and respect.

Staff knew the people they cared for well and were committed to helping them achieve a good quality of life.

Good



### Is the service responsive?

The service was responsive.

People received care that was based on an assessment of their needs and preferences. They were involved in all aspects of their care and were supported to lead their lives in the way they wished to.

People's views and concerns were listened to and acted upon. The provider had systems in place to respond to complaints about the service.

Good



### Is the service well-led?

The service was well-led.

Good



# Summary of findings

The service promoted a positive, open and transparent culture which demonstrated strong values and a person centred approach. Staff were supported and motivated to do their jobs well.

The management team looked for ways to drive improvements in the service by ensuring they sought, listened and acted on people's feedback.

Arrangements were in place to check all aspects of service delivery and ensure people received good quality care.

# Support for Living Limited – 43 Shirley Gardens

## 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 checked 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 took place on 27 August and 1 September 2015 and was unannounced. The inspection team consisted of one inspector. Before the inspection we asked the provider to complete a Provider Information Return

(PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at all the notifications we had received about the service since we last inspected on 10 April 2014.

During our inspection we spoke with four people using the service. We spoke with the interim manager, deputy manager, service manager and three care staff. We reviewed three people's care records. We reviewed records relating to the management of the service including medicines management, staff training, health and safety, audit findings, safeguarding and incident records.

# Is the service safe?

## Our findings

People told us they received safe care and support. Their comments included, “I’m very safe”, “the staff here discuss safety during our keyworker sessions and at the residents’ meeting” and “I like it here and it feels safe.” All the people we spoke with said they were involved in making decisions about their safety and regularly spoke with staff about how to keep safe within the service and in the community. For example, one person told us they told staff when they were going out and also when they had returned. Another told us they could only use knives in the kitchen when staff were present.

The service had taken appropriate steps to safeguard adults at risk of abuse. Safeguarding posters on prevention of abuse were displayed in the main hallway and provided contact information for people to report abuse independent of staff. Staff had in-depth knowledge of people’s needs and how to keep them safe. Staff described the various types of abuse that people could experience and demonstrated a good knowledge of the procedures they would follow to report any allegations internally and externally. Comments we received from staff included “If I don’t report it then I am part of the problem.” And “No one should feel scared in their own home.”

Training records reviewed showed that staff had all received training in safeguarding. All the staff told us they could access the safeguarding and whistle blowing procedures on the provider’s intranet and that they could also use a dedicated whistle blowing line to raise any concerns they had. Safeguarding records were kept, appropriate referrals were made to the local authority for investigation and the outcome of safeguarding investigations were shared with the person concerned, staff told us this ensured they supported people in an open and transparent manner.

People were aware of the medicines they were required to take and when to take them. We saw staff support a person to check their Medicine Administration Record (MAR) and take their medicine independently. This person was working towards self-administering their own medicine. Medicines were obtained, stored and administered appropriately and safely. A record of all medicines received, carried forward from the previous medicine cycle and disposal records were maintained. People’s current medicines were recorded on the Medicines Administration

Records (MAR). Where medicines had been administered these had been signed for. Written guidance was available for all medicines which were to be administered ‘as required’ (PRN). Daily, weekly and monthly stock checks were carried out and records maintained. This helped staff to identify any issues which could then be addressed. People’s care plans included clear information about the support people needed with their medicine. Staff responsible for administering medicine to people had undertaken relevant training and competency checks.

People told us there were enough staff on duty to meet their needs. Comments we received included “There is always someone here day and night.” And “The staff spend time in the lounge with us, they are not just in the office.” There were sufficient numbers of staff available to keep people safe. Staffing levels were determined by people’s needs and staffing levels were adjusted as and when required, for example if people required support to attend a hospital appointment or if people needed support to attend activities and outings. Any shortfalls in the staffing levels, due to annual leave or sickness, were covered by other members of the staff team or care staff from the provider’s own pool of bank staff. The manager told us they booked staff that had previously worked at the service, so that people were supported by staff who they were familiar with and who knew their needs well. An on call system was available which enabled staff to access managerial support and advice out of office hours.

Risks to people’s health, safety and welfare had been assessed and managed. People told us they were involved in managing risks to their health, safety and welfare, for example for a person we saw that they had agreed to daily room checks as part of their substance misuse risk management plan. People’s care records outlined the potential risks to their safety, risk history, trigger factors and the plans that had been put in place to support them to keep safe. For example, there were plans in place to support people at risk of self-neglect and relapse of their mental health condition. Risk management plans were regularly reviewed with people and updated when there had been a change in an individual’s circumstances.

Accidents and incidents were recorded and reviewed. Reports noted actions that had been taken, further action to be taken and who was responsible. Accident and incidents were monitored centrally by the provider so that

## Is the service safe?

any trends or patterns could be identified and improvements made to the way people were looked after, any issues arising were addressed and plans put in place to prevent repeat events.

The service followed safe recruitment practices. Staff employed at the service were suitable and qualified for the role they were being appointed to. There was evidence that all staff completed an application form, references had been obtained and staff had a Disclosure and Barring Service (DBS) check prior to starting work. Potential employees were required to meet people at the service as part of the interview process. One member of staff we spoke with confirmed that all required checks had been carried out before they commenced employment. The provider made every attempt to match staff with people so that they received effective care and support. The matching process involved taking into account the skills, experiences, personalities and values of staff with people's needs and

preferences. For example, a new member of staff that had been recruited had previous experience of supporting people with mental health needs. This ensured that people were provided with support from staff that had the right personal qualities and values.

Staff undertook regular health and safety checks of the service to ensure everything was working and there was a safe and suitable environment for people. Two people confirmed the staff checked their bedrooms weekly so that any health and safety issues could be identified. Another person told us the staff had gone through the procedure to follow in the event of a fire. Fire alarms and emergency lighting was checked weekly, and fire evacuation drills were undertaken to ensure staff and people knew what to do in the event of a fire. Equipment was regularly serviced as were gas and electrical appliances. The service was well maintained and clean. There was a rolling programme of redecoration and replacement of equipment.

# Is the service effective?

## Our findings

People told us that they were supported by staff that knew them well and understood how to meet their care needs. Comments we received included “I get on well with all the staff, they support me with appointments and I meet my keyworker monthly to discuss my care” and “Staff are confident and know what they are doing.”

People were cared for by staff who were trained and supported to deliver care and treatment to an appropriate standard. Staff spoke confidently about the people they supported and how people wanted their care and support to be provided. Staff told us that the organisation provided a wide

range of training in the areas they needed in order to support people effectively. They told us they were encouraged to take further qualifications to develop their careers. For example, the manager was due to start a leadership development course. New staff completed a comprehensive induction process which included working alongside more experienced members of staff. This was confirmed by a staff member who had recently joined. Records showed that staff had completed a range of training and learning to support them in their work and keep them up to date with current practice and legislation, examples included health and safety, managing medicines, infection control, food safety, the Mental Capacity Act and Deprivation of Liberty Safeguards. Other training specific to people’s assessed needs, such as mental health, substance misuse, managing challenging behaviour had also been completed by staff. Refresher courses were booked to make sure they continued to build upon their skills and knowledge.

Staff said they were supported by the manager and there was good teamwork. They confirmed they received regular supervision and annual appraisals to help them reflect on their development, roles and responsibilities. Staff told us they were also able to speak with the manager if an issue arose before their next supervision meeting. We asked staff to describe their supervision sessions. They told us they discussed the people they were supporting, any particular professional and personal challenges they were having as well as training and professional development needs. Information was shared between staff using a

communication book, daily shift planners and handover meetings. Weekly team meetings were held, minutes of the meetings were viewed and staff told us they were kept informed about changes to people’s needs and well-being.

People told us they were fully involved in all decisions about the care and support they wanted. The manager told us that none of the people using the service lacked capacity to make decisions or consent to the care and support they received. Records seen confirmed this. The decisions and choices people made about this were documented. For example, a person did not want to attend a medical appointment and staff respected the person’s decision about this. At the same time they discussed with the person the possible risks to their mental health if they did not go.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process to make sure that people were only deprived of their liberty in a safe and least restrictive way, when it is in their best interests and there is no other way to look after them. People we spoke with told us they were free to come and go as they wished. We observed this throughout our inspection. They confirmed there were no restrictions to their freedom. We asked the manager and staff about their responsibilities in relation to the Mental Capacity Act (2005) and DoLS. Staff told us that they had undertaken training on the Mental Capacity Act (2005). They demonstrated a good knowledge about protecting people’s rights and safety, and gave detailed accounts of the five main principles of the legislation and how they put these into practice on a daily basis. This helped to ensure people’s human rights were properly recognised, respected and promoted.

People’s nutritional needs were monitored through assessment and care planning. The staff promoted healthy eating options for people’s health and weight. Information on healthy eating was displayed in the kitchen and staff told us they also discussed this individually with people during their keyworker sessions. People told us they enjoyed the meals and staff ensured that their particular preferences were taken into account for example, vegetarian options were available if people wanted this. People told us they participated in planning and shopping for the menu they prepared with the support of staff. They said they could participate in preparing meals if they wanted and that staff encouraged this as part of their



## Is the service effective?

recovery programme. A person told us the staff had referred them promptly to the GP in response to weight loss. They told us their weight was monitored weekly by the staff. Records we viewed confirmed this.

People's health and welfare was monitored and they were referred to healthcare professionals as required. We observed a person asking staff to clarify information in a medical letter they had received. We saw and heard staff do this clearly and effectively so that the person understood the information. People we spoke with confirmed that they

were supported to attend routine appointments for health checks and treatment. They told us they knew the outcomes of the appointments and whether any changes had been made to their care and treatment. Care records detailed that people had received input from other healthcare professionals, including GP, community psychiatric nurse, psychiatrist and dentist. Staff worked closely with other health and social care professionals to ensure people received the support they required with their mental health.

# Is the service caring?

## Our findings

People spoke positively about the staff that supported them. They told us they were listened to, respected, valued and had good relationships with the staff. One person commented “I knew straight away the staff knew how to look after people.” Another person said “The staff are very good. You can go and speak with them at any time.”

Staff spoke confidently about their commitment to providing person centred care and support to people. One staff member said “We support people to design their own lives, we don’t do anything without their consent.” Another staff member said “Everything we do is about the people here, we never assume anything about them and always ask people what they want.”

Staff were knowledgeable about the people they supported, their personal preferences, routines and life histories. Staff spoke and wrote respectfully about people. Throughout our inspection we observed staff interaction to be professional, positive and non-judgemental. Staff spoke about respecting people’s individual and diverse needs and the importance of developing positive, trusting and open relationships so that people’s mental health was maintained and good recovery outcomes were achieved. For example, staff described how they had worked with a person so that they were able to move to independent living.

Staff we spoke with told us that they promoted people’s independence by encouraging them to do as much as they could for themselves and provided support when needed. For example, a person was supported with a visit to see their probation officer. Another person told us they used public transport and carried out their own banking. We observed that staff respected people’s privacy and dignity. When entering people’s bedrooms, staff knocked on the door and waited to be given permission to enter. People had keys to access the service and their individual bedrooms.

People told us that staff encouraged them to maintain relationships with family, friends and people that were important to them. One person told us they visited their family regularly and another said that when they wanted to they stayed overnight with their family members they did so. They also told us that there were no restrictions on family members visiting the service. Records showed people’s care plans set out the relationships that were important to them and how they would be supported to maintain these by the service.

Advocacy information was displayed in the main hallway. Staff also advised people that they could request the support of an advocate if they wanted this.

# Is the service responsive?

## Our findings

Prior to using the service, people's health and social care needs were comprehensively assessed to ensure the service was suitable and could meet their needs. One person confirmed they and their family had been involved in their pre-admission assessment. They told us they had been asked for their views, provided with information and had been encouraged to visit the service, meet the staff and people already living at the service. They told us this had enabled them to make an informed decision about whether they wanted to move. Records showed that as part of the assessment process the manager and service manager had met and discussed the person's transition plan with other health and social care professionals who were involved in their care. This information enabled the staff at the service to better understand people's needs and to support them safely and appropriately.

The manager told us they discussed all referrals with the staff team so that they had all the information they required about a person before the referral was accepted. Staff confirmed this and said the discussions involved looking at any risk and safety concerns, staffing and initial support required. This ensured that staff had the skills and knowledge within the team and that appropriate preparations were made before the person moved in.

People were actively involved in planning and reviewing their care and support needs. They told us they had contributed to the development of their care plan and attended review meetings where they were able to discuss their progress. People we spoke with told us they felt involved and staff asked them for their views about how they wanted to be supported to achieve goals they had and promote their independence. Care records seen confirmed people's involvement in their care.

Staff responded to people's changing needs. For example, the manager told us that a person's mobility and care needs had changed and they now required nursing care. Plans were in place for the person's needs to be reassessed so that a suitable service could be found. Each person had a mental health crisis intervention plan which detailed the actions that staff were to take when there was deterioration in a person's mental health. This contained contact details of relevant healthcare professionals that were to be contacted so that the person could be supported safely. Staff we spoke with told us they worked as a team to find solutions to any difficulties that people faced. One staff member said "We always look for a positive solution to the problem."

People received support to undertake activities that were important to them so they led fulfilling lives. For example, one person told us they liked to go to the cinema regularly and staff supported them to do this. Another said they visited the local temple and shops in the local community.

People told us they were able to raise any issues or concerns they had with the management and with staff who supported them. A complaints policy and procedure was available and displayed in the main hallway and described the steps that would be taken if people made a complaint. Staff had supported a person to make a complaint and records seen showed that the complaint that had been received had been managed in accordance with the provider's complaints policy and procedures. The person had also been provided with written information on the outcome of the investigation. This showed us that people's concerns were taken seriously and action was taken to respond to these in a personalised manner and to improve the service, where it had been identified that there had been a shortfall in service delivery.

# Is the service well-led?

## Our findings

The service promoted a positive and inclusive culture which proactively engaged and consulted with people. People told us staff regularly asked them how they were. One person told us “The staff always tell us to speak with them if we have any concerns.” Another person said “It’s our home and the staff want to know if we are happy or unhappy and what they can do to make it better.” One person said “The service has really improved, it’s a good place to live.”

At our last inspection in April 2014, we found that the provider had not notified the Care Quality Commission of three notifiable incidents. Following the inspection the provider sent us an action plan detailing how they would make improvements. At this visit we found that improvements had been made. We had received notifications regarding safeguarding concerns, police incidents and other events that affected the running of the service.

Regular residents’ meetings were organised for people to provide feedback on the service and to raise any concerns they had. Minutes of the last meeting showed that people’s suggestions and views were sought about any improvements that could be made to the service, activities, food and safety. People told us they had been consulted about the refurbishment in the home and each person was asked about preferred colour schemes and furniture in their bedrooms and communal areas. Two people had participated in the provider’s co-production event which enabled people to contribute to make joint decisions and work in partnership with staff to design and deliver services being provided.

The service had a registered manager in post who was registered with the Care Quality Commission (CQC). They were not available during the inspection and the service was being overseen by the interim manager and service manager. People benefitted from the open, fair and transparent culture within the home. People knew the manager and staff well, saw them often and told us they had every confidence in them.

Staff told us they were supported, listened to and worked as a team to provide the best quality care to people. Comments we received included “I wake up and I feel that I want to come to work. We are supported, there is good teamwork and lots of opportunities for training and development”, “People here are happy, this is a happy home and the staff are brilliant. Everybody has embodied the values of the organisation”, “The staff have accepted me and value any of my experience that I share” and “The manager listens, she wants to hear about our concerns, she is proactive and works alongside you. She knows the people her very well”.

Staff spoke with pride and passionately about the provider’s vision and values which were to ensure people were at the centre of their care and ‘Everyone has a right to a good life’. They told us they were clear about their roles and responsibilities, the quality of the work that was expected and that the provider supported them to carry out their role effectively.

Systems were in place to assess, monitor and improve the quality of the service. These included a comprehensive audit programme to check medicines, health and safety, care records, accidents, incidents, safeguarding, complaints, staff training, outcomes for people and risk management. The audits were evaluated and where required action plans were in place to make improvements in the service. Monthly visits were carried out by senior managers and reports on the findings of their visit were available. The service manager had implemented an action plan so that improvements could be made to the quality of the environment. People confirmed that improvements had been made and the service was clean and homely.

The service and its’ staff were committed to providing quality care and to driving improvements within the service that were based on best practice guidance. Staff used the recovery model of care to support people recovering from mental illness. This is a recognised model of care and encourages people recovering from mental health problems to move forward, set goals and do things and develop relationships that give their lives meaning. Staff spoke about the positive effects of using this approach and how people had been supported to move and live independently.