Support for Living Limited

Support for Living Limited - 21 Haymill Close

Inspection report

21 Haymill Close
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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 11 June 2015 and was unannounced. At the last inspection on 19 June 2014 we found the service was not meeting the regulations relating to assessing and monitoring the quality of the service. At this inspection we found that improvements had been made in the required area.

21 Haymill Close is a care home which provides accommodation and personal care for up to four people with learning and physical disabilities. At the time of our visit there were three 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

Summary of findings

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.

There were safeguarding and whistleblowing procedures in place and staff understood what abuse was and knew the procedure to report it.

Risks were assessed and managed well, with care plans and risk assessments providing clear information and guidance for staff to follow.

People were given their prescribed medicines safely.

Staffing levels were sufficient to safely meet people's needs.

People experienced care that was individualised and effective in meeting their needs. Staff were skilled, experienced and supported to maintain their skills and knowledge through regular training and supervision.

The provider met the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) to help ensure people's rights were protected.

People were supported to maintain good health and access health care services and professionals when they needed them.

People's nutritional needs had been assessed and where appropriate people received the support they needed to eat and drink sufficient amounts.

People were happy and staff treated them with respect, dignity and compassion. Care and support was centred on people's individual needs and wishes. Our observations confirmed people experienced care and treatment that protected and promoted their privacy and dignity. People's relatives spoke highly of the staff team.

People using the service and their representatives were involved in planning and making decisions about the care and support they received.

Staff knew about people's needs, preferences and aspirations and people using the service and relatives were involved in planning the care and support they received.

There were systems in place to deal with complaints.

People were encouraged to maintain relationships with the people that were important to them. People were supported to live an active life.

The manager was experienced and knew the service well. She demonstrated good leadership skills, was approachable, open and provided an inclusive and transparent culture at the service.

Systems were in place to regularly monitor the safety and quality of the service people received. This information was used to help them make changes and improvements where necessary.

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.

There were safeguarding and whistleblowing procedures in place and staff understood what abuse was and knew the procedure to report it.

Risks were assessed and managed well, with care plans and risk assessments providing clear information and guidance for staff to follow.

People were given their prescribed medicines safely.

Staffing levels were sufficient to safely meet people's needs.

Good

Is the service effective?
The service was effective.

People experienced care that was individualised and effective in meeting their needs. Staff were skilled, experienced and supported to maintain their skills and knowledge through regular training and supervision.

The provider met the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) to help ensure people's rights were protected.

People were supported to maintain good health and access health care services and professionals when they needed them.

People's nutritional needs had been assessed and where appropriate people received the support they needed to eat and drink sufficient amounts.

Good

Is the service caring?
The service was caring.

People were happy and staff treated them with respect, dignity and compassion. Care and support was centred on people's individual needs and wishes.

People using the service and their representatives were involved in planning and making decisions about the care and support they received.

Staff knew about people's needs, preferences and aspirations and people

using the service and relatives were involved in planning the care and support they received

Good

Is the service responsive?
The service was responsive.

Staff knew about people's needs, preferences and aspirations and people using the service and relatives were involved in planning the care and support they received.

There were systems in place to deal with complaints.

Good

Summary of findings

People were encouraged to maintain relationships with the people that were important to them. People were supported to live an active life.

Is the service well-led?

Good

The service was well-led.

The manager was experienced and knew the service well. She demonstrated good leadership skills, was approachable, open and provided an inclusive and transparent culture at the service.

Systems were in place to regularly monitor the safety and quality of the

service people received. This information was used to help them make changes and improvements where necessary.

Support for Living Limited - 21 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 was 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 11June 2015 and was unannounced. The inspection team consisted of one inspector. We looked at all the notifications we had received about the service since we last inspected on 19 June 2014 and reviewed any other information we held prior to our visit.

During our inspection we met two people using the service. All the people living at the service had complex needs and were unable to communicate verbally with us so we observed the way staff engaged with them. We spoke with the registered manager two care staff and two relatives. We reviewed two people's care records. We reviewed records relating to the management of the service including medicines management, staff training, audits, quality assurance and health and safety records.

Good

Is the service safe?

Our findings

People were observed to be comfortable and at ease in their surroundings. Relatives felt their family members were safe. One relative said "I have never had any concerns about [family member] living here."

The provider had taken appropriate steps to protect people from abuse, neglect or harm. Training records showed staff had received relevant training in safeguarding adults which was refreshed regularly. We asked staff how people at the home remained safe and protected from abuse.

Staff spoke knowledgably about their responsibilities for safeguarding people they supported and knew what constituted abuse. They were able to tell us about the signs they would look for to indicate someone may be at risk and the action they would take, if they had a concern about a person, to protect them.

There were policies and procedures, accessible to all staff, which set out their responsibilities for reporting their concerns and how they should do this. Care records detailed how individuals needed to be supported to be kept safe. People let staff know when they felt unsafe and the communication profile held within the plans, explained how people would do this. For example, a person turned their head away if they did not like something. One member of staff told us "It is our duty to report everything, I could never hide anything. It would be wrong." Another said "I would not ignore anything, I would raise the alarm."

Risks to people's health, safety and welfare had been assessed by staff. Assessments identified individual risks to people and were based on their care, support, and health care conditions. The assessments were centred on the person, focused on promoting freedom, independence and detailed appropriate guidance for staff on what actions they were to take to minimise these risks, to keep people safe from harm or injury. For example, for a person with epilepsy staff told us, and the care records showed, they were given a sugary drink when the woke up in the morning as this reduced the likelihood of a seizure.

The staff team were proactive in responding to changes in people's circumstances that resulted in new risks to the person. For example, staff described the management plans that were in place for a person that was at risk of falling out of bed, they showed us and told us about the equipment they used to keep the person safe. Each person had their own individualised plan for how they would be evacuated in the event of an emergency such as a fire within the home. The plan included details about their mobility and the number of staff required to support them.

Relatives we spoke with said the staff were safety conscious and safety and risk were discussed at the review meetings.

There were enough suitable staff to care for and support people. We checked the staff rota during the inspection and noted staffing levels had been planned which took account of the level of care and support each person required in the home and community. Throughout our inspection we observed staff attending to people, meeting their needs and being with them. One member of staff had accompanied a person to the hospital and when they were due to finish their shift we saw that the manager had arranged for a member of staff on the next shift to go to the hospital. Care records detailed the number of staff that were required to meet people's individual needs. For example, for one person the records detailed that two staff were required to support the person with bathing. For another person, their records detailed the number of staff that were required to keep them safe when they were accessing the community. There was a low turnover of staff and this provided people with stability and continuity in the care they received.

People were supported by staff to take their prescribed medicines when they needed them. People's support needs in regards to medicine management had been assessed and detailed guidance was available in the care records. Medicines were obtained, stored and administered appropriately and safely. Medicine Administration Records (MAR) sheets were appropriately signed when medicines were administered, this showed that people had received their medicines safely as prescribed. The MAR sheets were checked daily to ensure that any omissions and gaps were identified and corrected. Weekly and monthly medicine audits were carried out and this helped them to identify any issues, which could then be addressed. We checked a sample of medicines and the stock balance was correct and corresponded with the quantity that had been administered. This meant the provider had systems in place to monitor the quality of medicines management.

There was appropriate guidance about the medicines prescribed to people, and in cases where this had been prescribed 'as required' (PRN) there was information for staff about why, when and how this should be

Good

Is the service safe?

administered. For example, guidelines were in place for all people that epilepsy and the actions to be taken in the event of a seizure and where people required emergency medicines whilst out in the community. For another person we saw that their medicines were prescribed in liquid form due to difficulties with swallowing tablets.

Good

Is the service effective?

Our findings

Relatives said staff knew how to meet their family member's specific care and support needs.

We saw staff had a good understanding of the needs of each person and had the skills and knowledge to support people effectively. For example, staff told us that one person liked to have a drink after they brushed their teeth. The information staff described was also recorded in the person's care plan.

Staff were supported to develop the skills needed to provide a personalised service to people with complex and varied needs. Records showed that staff received regular supervision from their manager where they were able to discuss people's progress, any concerns or issues they had as well as their personal learning and development needs. They told us they were supported and spoke positively of the training and development opportunities provided by the organisation. 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. The manager monitored people's training to ensure they were up to date with their training and when they were due to attend refresher training to update their skills and knowledge.

Staff received training in the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). Where possible, people were asked for their consent and were involved in decisions about their care. Staff were aware that some people did not have the capacity to consent to some aspects of their care they would work with the family and other healthcare professionals to ensure that a decision was made in the best interest of the person in line with the MCA. We saw information in care plans about people's capacity to consent and make decisions about their care. Throughout our inspection we observed people giving consent to care. For example, one person consented to go to their room to have a rest following lunch.

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. The manager told us and we saw that DoLS applications had been made for all three people at the service as they required staff supervision when they went outside and this was a restriction on their freedom. A relative we spoke with told us they had been involved in the decision to make the application.

People were encouraged to eat and drink sufficient amounts to meet their needs. People's nutritional and dietary needs were assessed and reviewed regularly. Care plans included information about people's food preferences, including any risks associated with eating and drinking. For example, where people had swallowing difficulties they had been assessed by the relevant healthcare professionals and there were guidelines in their care plans about how to support them safely. We saw that people were able to access the kitchen with staff support. Staff described how people liked to be in the kitchen whist they prepared meals and snacks.

People were supported to maintain good health and had access to healthcare services. Staff made referrals to relevant healthcare professionals and worked closely with the community team for people with learning disabilities to make sure any changes in people's care and health needs were addressed in a timely manner. For example, on the day of our inspection a health review was taking place for a person whose needs had changed and they required equipment to ensure their safety. Care records we viewed detailed the appointments that people had attended and the outcomes of these, such as changes to medicines and any specific instructions that staff were to follow. For example, for one person who had completed a course of antibiotics staff were to monitor whether the person had any shortness of breath following these. This showed that the provider worked in co-operation with others to ensure people's health needs were met.

Good

Is the service caring?

Our findings

People lived in a caring environment, they were involved in all aspects of their care in line with their abilities. Comments from relatives about the care included "It is excellent."

We saw people were able to spend their time how they wanted. One person spent time in the garden using the swing and another spent time listening to the radio in their bedroom.

Staff were knowledgeable about the people they cared for. Staff understood how to meet people's needs and knew about people's lifestyle choices in detail. Staff provided us with information on people's likes, dislikes and the type of activities they enjoyed, for example they had supported a person to join the choir as they enjoyed singing.

Staff told us they cared for people in a way they preferred. They told us about people's care plans, the instructions contained within them and how they followed these in day-to-day practice. For example, one member of staff described how they had supported a person to have a custom made wheelchair so that their independence was promoted. Through our observations and discussions with staff we saw that staff demonstrated a "can do approach" in the approaches they used to support people.

We saw positive interactions between people and staff, these included staff sitting with people and interacting with them by holding their hand. For another person we saw that they were laughing and smiling whilst they walked in the garden. People looked happy and content.

People were supported to express their views and wherever possible make decisions about their care and support.

Each person had an individualised communication plan which detailed how people expressed themselves. Staff used a variety of communication techniques appropriate to each person's needs. For example, we saw that staff used pictures of food when asking people to make choices about the food they wanted to eat. Staff also described how people communicated their individual needs and preferences through the use of non-verbal body language, for example they told us about a person who looked down at the floor to indicate they were unhappy. Another person used sounds to indicate they were happy or in discomfort.

Care records we viewed detailed the goals that people wanted to achieve and the support the required to achieve them. Regular reviews of care were carried out and relatives we spoke with confirmed they were involved in the review meetings.

Staff actively advocated for people using the service. For example, from discussions with staff and viewing care records we saw that staff had advocated for a person to ensure that they had the required equipment to keep them safe. The manager told us they would access advocacy services for people in the event this was required.

People's privacy and dignity were respected. Care records we viewed set out how these rights were to be upheld by staff. For example, where people wanted personal care to be provided by female staff only this was respected and provided. Staff knocked on bedroom doors before entering. We observed staff addressing people by their chosen names. All personal care was carried out in the privacy of people's bedrooms or bathrooms. Staff spoke and wrote about people in a caring and respectful manner.

Good

Is the service responsive?

Our findings

People were involved in planning the care and support they received. We saw each person had a person-centred plan in place, identifying their likes and dislikes, abilities, as well as comprehensive guidelines for providing care to them in an individual way. Regular reviews were carried out and staff identified changes in people's needs and took responsive action promptly. For example, the health condition of a person had deteriorated, staff had recognised this and took the person to the hospital for further investigation.

Relatives told us they were invited to attend review meetings and that staff kept them informed of any changes in the care and support their family member received. One relative told us "I have been to review meetings and staff keep me up to date with what is going on". Another said "I attended a review and I was listening to the keyworker for my family member and I thought to myself she [keyworker] knows everything, absolutely everything about [family member]." Review records we viewed detailed people's achievements from the previous review and what new goals the person wanted to work towards.

Staff worked closely with other health and social care professionals and sought advice and treatment where necessary. For example, staff had supported a person to attend a medicine review at the epilepsy clinic. For another person whose needs had changed, staff had contacted the occupational therapist for an assessment regarding equipment.

Each person had an individualised activity programme. This included activities which took place at a local resource centre which was run by the provider. People were also supported to access the local community, go shopping and plan for their annual holiday. A relative told us "They [staff] are always doing something, [family member] loves going out, and the staff support [family member] to do this. When [family member] is in the community they are accompanied by two staff to maintain safety.

Relatives told us they were confident if they raised a complaint it would be dealt with appropriately. One relative told us, "I have never had to make a complaint, if I did have a concern I would speak with the staff and I know they would listen and sort it out." There was an appropriate complaints procedure which was available in an easy read format. No complaints had been received by the service since the last inspection.

Good

Is the service well-led?

Our findings

Relatives told us the service was well-led by a manager who was active within the running of the home and had a good knowledge of the people who used the service and the staff.

At our last inspection in June 2014, we found that the provider's system for assessing and monitoring the service had not been effectively implemented. 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. Regular fire checks, health and safety audits, care plan audits, staff training and medicine audits were being carried out in line with the provider's quality assurance system. The audits were evaluated and where required action plans were in place to make improvements in the service. The manager told us about a new audit process the provider had implemented which monitored outcomes for people using the service. For example, we saw that the audit tool tracked how individual people were working towards their goals.

The service had a manager in post that was registered with the Care Quality Commission (CQC). Through our discussions with the manager and our observations we found that the manager knew people well and worked towards achieving the best outcome for them. Staff told us the manager was "excellent", "supportive" "approachable", "fair" and "hardworking". One member of staff said "She always helps us, encourages us to learn and develop and she empowers us." People benefitted from the open, fair and transparent culture within the home. Staff told us they were supported, listened to and worked as a team to provide the best quality care to people.

Staff we spoke with described the values and behaviours of the organisation, which were to ensure people received person centred support that led to them living happy, rich lives and to overcome any barriers that they faced. They told us that the support fitted around the person rather than the person fitting around the available support. They told us they were clear about their roles and responsibilities, the quality of the work that was expected and that the manager supported them to carry out their role effectively. One staff member said "This is a good staff team, if they were not good I would not be working here." Another said "This is a fantastic place to work; it does not feel like you are at work. The staff team is like your family."

Staff we spoke with told us they were encouraged to share their ideas for improving the service and problem solving. One member of staff had attended the providers 'Working for change' programme earlier in the year and had participated in contributing ideas on improvements the provider could make for people using the service and staff. For example, the "Succeeding at Certitude" programme encouraged staff career development.

People and their families were asked for their views about their care and support and they were acted on. Feedback was sought through care plan review meetings and individual meetings.

The manager involved other healthcare professionals in the planning and delivery of people's care and support. Staff worked closely with the community team for people with learning disabilities. Staff had access to a range of health and social care professionals in this which enabled them to access best practice guidance to improve the quality of care and support people experienced.