Support for Living Limited

Support for Living Limited - 25/27 Haymill Close

Inspection report

25-27 Haymill Close
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19 December 2015

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

This inspection took place on 18 and 19 December 2015 and was unannounced. At the last inspection on 1 May 2014 we found the service was meeting the regulations we looked at.

Support for Living Limited - 25/27 Haymill Close is a care home which provides accommodation and care for up to nine adults with a learning disability. At the time of our visit there were six people using the service.

The accommodation consists of two flats with three rooms each and is laid out over one floor.
Each person had their own bedroom and can access the communal facilities such as a lounge, dining room, kitchen and garden. The flat on the first floor had been converted into the staff office and was not used as living space. "We have requested that the registered manager submits a formal request to the Care Quality Commission to reduce the number of places offered from nine to six".

There was a registered manager in place. 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.

During our visit we spoke to the deputy manager, area manager, three care workers and four family members. The registered manager was not available during our visit.
The majority of people using the service were unable to share their experiences with us due to their complex needs and ability to communicate verbally. So, in order to understand their experiences of using the service, we observed how they received care and support from staff. To do this we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at records which included three people's care records, training information, and other records relating to the management of the service. After the visit we contacted external professionals and asked them for their views and experiences of working with the service.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were systems in place to ensure safe medication administration, however these were not always effective and medication was not always safely administered and stored.
People were protected from harm and abuse. Staff had up to date safeguarding training and knew how to protect people if they suspected people were at risk of abuse.
Risks were regularly assessed and risk management plans were put in place to minimise the risk of harm and guarantee people's safety.
There were systems in place to ensure people lived in a safe environment. Staff received relevant training and knew what to do in case of an emergency.

There was an effective and roust recruitment process in place which ensured that only staff who were suitable to work with people who used the service were appointed
Staffing levels were sufficient to meet people's general needs. However, distribution of duties and skills amongst them were not always sufficient to meet the needs of people using the service. The management team were aware of the issue and were working towards resolving it.
Staff received in-depth training to ensure they had the knowledge and skills to support people using the service. The registered manager had systems in place to guarantee that staff's personal development continued and that all training was up to date. Relatives told us they had confidence in staff and they were happy with the support offered to their family members.
Staff received ongoing support in the form of one to one supervision and regular team meetings.
Staff had a good awareness of the likes, dislikes of people using the service. Family members described them as "knowing everything about their loved ones".
There were good links with external health professionals to ensure ongoing access to healthcare services.
The service met the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Where people did not have the capacity to consent to specific decisions staff involved relatives and other professionals to ensure that decisions were made in the best interests of the person and their rights were respected.
The service promoted person centred care that was visible in every aspect of support being offered.
Individual care plans consisted of a detailed account of people's needs and personal preferences. People using the service and their relatives were invited to contribute during care reviews.
The service was well led. It had a complaints policy and procedure in place and complaints were fully investigated. The provider had a robust quality assurance system in place and gathered information about the quality of their service from a variety of sources.
The staff and relatives described the management team as robust and with a hands on approach

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.
Medicines were not always managed safely. People received their medicines however there were gaps in recording of its administration and medication was not always stored safely and securely.
Staff received safeguarding training and people were protected from harm and abuse.
Individual risk assessments were put in place and up to date.
There were sufficient staff levels on each shift.

Is the service effective?

Good

The service was effective.
Staff received an appropriate induction and training and were able to meet people's needs.
Staff received monthly supervision to ensure best possible support for people they cared for.
Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). DoLS applications had been submitted.
People's mental capacity was assessed when appropriate and relatives were involved in best interests' decisions.
Staff made appropriate referrals and managed changes in people's care in a timely manner.

Is the service caring?

Good

The service was caring.
People were treated with care, compassion and respect by staff
People and their relatives were involved in care planning and reviewing.
Staff respected people's privacy and dignity.

Is the service responsive?

Good

The service was responsive.
Support plans and care records were person-centred and reflective of people's needs and individual preferences.
People who used the service had access to a range of activities in the home, the local Community Centre and other events organised by the staff.

The provider had a complaints procedure in place and dealt with complaints in a professional and timely manner.

Is the service well-led?

Good

The service was well led.
There was clear leadership and an open, transparent, positive and inclusive culture within the service.
Staff worked well as a team to meet people's individual needs.
Staff were clear about the values of the organisation and spoke confidently about caring for people in a Person Centred way.
There were good quality monitoring systems in place for quality assurance and to ensure ongoing improvements occurred.

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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 18 and 19 December 2015 and was unannounced. This inspection was carried out by a single inspector.

Before the inspection we gathered our information from 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 also reviewed other information about the service such as notifications they are required to submit to the Care Quality Commission.

Requires Improvement

Is the service safe?

Our findings

People's medicines were not always managed safely because they were not always stored safely and securely. On the day of our visit we saw only currently used prescribed medication being kept in lockable medicines cabinet, the rest was stored in a separate desk cupboard that was not lockable. We spoke about this to the deputy manager who said they will feed it back to the registered manager.
The folder did not have a signature examples list for authorized staff members who were allowed to administer medication. Consequently it was not possible to assess if only approved staff were administering it.
We looked at MAR sheets for all six people living in the service and we saw not all administration was recorded correctly. For example one person had letter F (meaning "Other reason for not giving medication") recorded in place of staffs signature eight times over the period of two weeks, however, the back of the MAR sheet consisted of only two explanations why the medication was not given. Another MAR sheet had letter X recorded which is not used to code any MAR activity and there was no explanation if the medication was given at the back of the form. A second MAR sheet stated medication was not given as it was not in the fridge, however, no follow-up action was recorded on the MAR sheet, the person's care records or handover book. This indicated that people may have not always received their medicines as prescribed.
We saw discrepancies between MAR sheets, PRN (medication on request) records and actual amount of medication in the cabinets. For example, the MAR sheet for one person stated there should be 109 Paracetamol tablets; the PRN record showed there were 111 tablets. On actual count it appeared there were 112 tablets.
Not all medication was counted up following each administration and the results were not always recorded on MAR sheets. For example one person's MAR records for Bisacodyl administration had mentioned gaps twelve times in November and December 2015.
We spoke about this to deputy manager who informed us that issue of recording had been identified by the registered manager who discussed it with staff in a team meeting. Additionally a letter was sent to each staff member reminding them of their responsibility to keep records up to date and as required.
This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
The Medication Policy was placed in a Medication Administration Record (MAR) folder. Each person had their picture and Medication Administration Guidelines placed in front of their MAR sheets. The guidelines described how the person preferred to take their medication (e.g. with morning tea or coffee) and possible behaviours displayed when receiving it. MAR sheets consisted of all prescribed medication and the detailed administration method.
We saw evidence of good practice related to administration of medicines. Medicines were administered by permanent staff who had received Medicines Administration training. People's support needs in regards to medicines management had been assessed and detailed guidance was available in their personal files. Medicines were obtained appropriately and any discrepancy in delivered supply was immediately addressed with the pharmacist. We saw records of such conversations in the daily handover/communication book.
People were protected from harm and abuse. All staff received safeguarding training. We spoke to three staff members who were able to describe potential signs of abuse and were aware of the provider's

safeguarding policies and procedures. The area manager told us safeguarding matters were regularly discussed with staff members in team meetings and one to one supervision. We saw evidence of this taking place in recent team meeting minutes and supervision records.
Safeguarding procedures, including contact details of external safeguarding bodies, were clearly displayed in staff offices and communal areas of the service.
Each person using the service had a safeguarding chart in their file describing how they could communicate if they were experiencing distress, upset or pain.
Staff told us any safeguarding matters were communicated in shift handovers and recorded in the communication book. This ensured everyone was aware of any safeguarding matters. We looked in the communication book and saw evidence of such discussions being held.
The area manager showed us a central safeguarding register that was run to ensure all safeguarding matters were investigated and reviewed to avoid similar situations in the future.
Risks to people's health, safety and welfare had been assessed and management plans were in place which provided staff with guidance on how to minimise the identified risks to keep people safe from harm or injury. There was specific guidance for staff to follow to keep people safe and in good health. Risk assessments corresponded with people's care plans. For example one person had epilepsy and we saw evidence of both epilepsy care plans and Seizures Risk Assessment in their care file.
There were various systems in place to ensure people lived in a safe environment. We saw evidence that daily, weekly, monthly and yearly health and safety checks took place. Amongst them were daily fridge temperature checks, weekly fire call points tests, monthly Legionella and general health and safety checks and yearly Fire Risk assessments and safety checks of electrical equipment.
Staff received training on fire awareness, manual handling, health and safety and first aid. All people using the service had personal emergency evacuation plans (PEEPs) in place. These included important information about the person and information for staff and emergency services on how to assist each person safely and the assistance required for each individual.
The service had robust recruitment procedures to ensure only suitable staff were appointed to work with people who used the service. The process was managed by the provider however the service introduced interaction observation, an additional stage to the recruitment process where potential candidates had the chance to present their skills on how to communicate and interact safely with people with learning disability.

Good

Is the service effective?

Our findings

Relatives told us they had confidence in staff and they felt staff had a good understanding of their family member's support needs. For example, one family member told us, "They know my sister well, they know her better than I do."

Staff had sufficient skills and knowledge to ensure the best support for people they cared for.

Newly employed staff members received an in-depth induction consisting of a mixture of class based and e-learning courses. Amongst them were Manual Handling, Medication Administration, Safeguarding Vulnerable Adults and Person Centred Approach trainings.

Staff we spoke to confirmed receipt of various training and said they felt assured with their skills and knowledge relating to their roles. One staff member said, "I am confident with what I am doing and I can ask for additional training or check what e-learning is available on intranet".

The registered manager had systems in place to ensure all staff had their training up to date. We saw a training matrix consisting of information on training that staff had completed or were due to refresh.

Records showed staff had monthly supervision to ensure the best possible support was provided for people they cared for. Staff members we spoke to confirmed receiving regular one to one meetings and that they could ask for additional support if needed. We looked at three staff files that had regular supervision records in place.

Staff had good knowledge of the support needs and specific care requirements of people using the service. For example one staff member told us which people had specific 2:1 manual handling guidelines in place. We saw this information reflected in people's individual care plans.

There were numerous links between the service and external professionals to ensure people's specific care needs were met appropriately. We saw evidence of input of such professionals as Registered Osteopath, Speech and Language Therapists (SALT) or Occupational Therapy (OT) team. Their recommendations were reflected in individual care plans. One professional told us, "There were clear recommendations in a dementia assessment report and in a staff consultation session on dementia. These have been taken on board and put into action. The staff were keen to learn more about dementia and how they could support that client to continue to have a good quality of life".

There were systems in place to ensure ongoing communication about the changing needs of individuals using the service. Staff told us they used morning, midday and evening handover meetings to convey any current information on people using the service. We saw the handover book and daily handover sheets included information such as current safeguarding concerns, daily activities and a welfare summary on each person using the service.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions

on authorisations to deprive a person of their liberty were being met.
The manager told us and we saw that DoLS applications had been made for all eight people at the service as they required staff supervision when they went outside and this was a restriction on their freedom.
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.
We saw information in care plans about people's capacity to consent and make decisions about their care. For example the support plan for one person said they should be "encouraged to make their choices and be never forced to do anything they protest about". One section in their support plan for all people using the service was dedicated specifically to decision making, detailing which decisions person could make on their own (i.e. meal times) which with support of others (i.e. holidays, medical appointments) and which decision could be made on behalf of the person (i.e. being moved to another home).
Staff were aware that some people did not have the capacity to consent to some aspects of their care and said 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.
One person living in the service had a Do Not Attempt Resuscitation (DNAR) order in place, to be used in the event of a medical emergency. However this was not recorded on the correct form. We spoke to the deputy manager about it and she assured us she would contact the person's GP immediately to update records in accordance with current requirements.
People's nutritional and dietary needs were assessed and reviewed regularly. Care plans included information about people's specific nutrition needs and food preferences, including any risks associated with eating and drinking. For example two people at the service were receiving food through Percutaneous Endoscopic Gastrostomy (PEG) tubes. Both individuals had detailed instructions by relevant health professionals on how to administer it incorporated in their support plans. Additionally any risks associated with PEG feeding were reflected in up to date risk assessments. A staff member administering food via PEG tube was able to explain to us the specific nutrition requirements of both people and the times they were receiving their food.
When appropriate, people could make decisions about their individual meal times and what they wanted to eat. They had access to the kitchen with staff support and received assistance with food shopping and preparation. We saw evidence of food shopping trips being scheduled on the daily handover sheet. There was also one trip taking place on the day of our visit.
We saw evidence that people's dietary needs relating to culture and religion were identified, monitored and managed. For example staff we spoke to told us which clients chose not to eat meat or different religious festivals that required eating specific food or eating times. We saw this information was reflected in people's personal support plans. For example one person's plan had action for staff to learn how to cook and prepare a variety of dishes specific to this person's culture and religion.
People were supported to maintain good health and to have access to healthcare services. We saw evidence of appropriate referrals being made so any changes in people's care were addressed in a timely manner. For example on the day of our visit the physical health of one person using the service deteriorated suddenly. An ambulance was called to ensure immediate assistance and best care was provided. This occurrence was later recorded in daily care records and the person's information books.
On further inspection of these documents for other people using the service we saw evidence of contacts with GP, SALT team or the wheelchair maintenance team. This showed that the service was in regular communication with external professionals to ensure people's needs were met and they received the best support available.

Good

Is the service caring?

Our findings

Relatives told us they were happy with the way staff approached their family members. Their comments included: "The staff is always there, they are very loving and fond of my [family member], they know her ways like they were able to read her", and "I've never seen my [family member] so happy, he is well looked after and they inform me about everything".
We observed staff communicating with people using the service in a kind and gentle way. Staff spent time with people chatting to them or holding their hands. People looked happy and relaxed.

The SOFI observation we carried out showed most people had positive experiences of the care and support they received from staff.
Staff demonstrated a good knowledge of people's likes and dislikes that they knew from respective care plans and day to day interactions with people using the service. One staff member told us, "They (people) all have their little characteristics". Another staff member said a person using the service liked listening to the music in the lounge area. We saw this information was recorded in their care plan and we observed the person enjoying the music as described.

Staff reacted promptly to meet people's changing needs. We observed one care worker attending one person who showed symptoms of distress. They immediately assessed the situation for possible triggers and introduced measures to reduce the upset.

Care workers delivered care in the way that was reassuring and calming. We observed one person being administered medication via PEG tube. The worker slowly and calmly explained step by step what they were doing at the same time ensuring the individual was comfortable.

People and their families were involved in planning and reviewing their care plans with staff members and external health professionals. Relatives told us they had recently attended a six monthly review. They said "I usually come and we talk about medication, behaviour, trips out and what are the plans for the future".

People's individual needs and choices were taken into consideration when offering day to day support. Staff told us they listened to people's everyday preferences and offered their support according to what people needed at that time. One care worker said "We try all means to give them (people) the choice. One person likes to say "I am in charge" and we respond "yes you are"".

People had access to independent advocates. The advocates visited the service on a two monthly basis to discuss support for each individual. Their observations were fed back to the team in a verbal and/or written form.

People's privacy and dignity was respected. Personal care was given in people's bedroom or bathroom with only staff present. Staff told us they ensured the curtains and the doors were closed when giving personal care. We observed that staff knocked on bedroom doors before entering and explained what they were doing when they were providing care or support, such as administering medicines.

Staff told us family members could visit at any time and relatives confirmed that this was the case.

Good

Is the service responsive?

Our findings

The management team had reviewed the service's rota management to be more responsive to the needs of the people they supported. The Provider Information Return stated they analysed individual routines to create different patterns of shifts across the staff team in order to offer more person centred support and more one to one activities. We looked at the last month's rota and it reflected these changes.
We observed that distribution of duties and skills amongst the team was not always sufficient to meet the needs of people using the service. The staff told us the ratio of one permanent staff member to three agency employees per shift put pressure on staff and clients' needs may not always be met. For example, a recommendation for one person was to be supported by a permanent, female staff member only. On the morning of the inspection we observed there was only one permanent, male staff member. Consequently an agency member of staff supported the individual which was not in line with care plan recommendations. We spoke about this with deputy manager who informed us they were aware of the issue and they were in the process of recruiting more permanent staff members.
People were involved in planning and reviewing their care. We looked at three individual support plans that were person centred and included information on the person's likes and dislikes, their views and beliefs as well as personal care needs and explanations of how staff could support people to meet them. For example one care plan stated the person was "blind in left eye and staff should not approach them from the left". Other sections of this document included descriptions of how people could make decisions, what their preferred way of communication was and how they could be supported to become more independent. Regular formal and informal reviews were taking place to ensure support offered was relevant to people's needs. Staff were able to recognise any changes to a person's well-being and used existing systems to convey the information to the rest of the team, external professionals and relatives. Staff explained this information was recorded in people's daily care records, and daily handover books. We looked at a sample of the records for three people and we saw evidence of such information being documented and conveyed. Yearly care reviews were carried out with staff members, external health professionals, people using the service and their relatives. We saw evidence of care review outcomes and new goals set being clearly recorded in people's files. Their summaries were printed out and displayed in the office for easy access and monitoring.
People's relatives confirmed they were invited to care review meetings where they had an opportunity to contribute to support planning for their family member. They also told us "staff always call if something happens" and "I was well informed about all hospital visits".
People who used the service had access to a range of activities in the home and the local community. Key-workers that knew people well were responsible for planning and organising activities that were tailored to the likes and dislikes of each individual using the service. The handover book had a section dedicated to daily activities. This suggested this was an important part of the home's everyday life. We saw records of events taking place, such as a disco at the local community centre, shopping trips, and lunches at the local pub. One relative told also us about a successful trip to Paris last year. Additionally on the day of our visits, staff and people living in the home were going to a Christmas party at the community centre nearby.
The provider had a complaints policy and procedure in place and complaints were fully investigated. There was a complaint folder at the front door that consisted of an easy read, pictorial complaint policy and Service Users dispute forms. The folder was not very visible. We spoke about this to the deputy manager

who said they will bring in the attention of the registered manager and will introduce changes to make the complaints procedure more visible to people using the service and their visitors.
The home had one formal complaint that was dealt with professionally and in a timely manner. We saw evidence staff put in place an action plan to address issues identified in the complaint and to improve the support offered.

Good

Is the service well-led?

Our findings

Relatives told us the service was well led. They knew all members of the management team and described them as approachable, responsive and with a hands on approach. One family member said "if I had any concerns I would go to the manager. If I make any requests they immediately act on it".

There was a yearly survey in place, managed centrally by the provider that was sent to all family members and carers using of people the service. We saw outcomes of the latest 2015 survey that showed over 80 percent of people who completed it were satisfied with the support they received and would recommend the provider to someone they knew who needed support. Over 80 percent of people said they got the support they needed to feel safe.
Relatives told us, currently there were no additional systems in place allowing feedback specific to the service we inspected; however, they were happy to use the yearly, general survey for this purpose. They also felt comfortable with approaching the management team directly in case of any queries or concerns. One family member told us "they always implement what I ask them to do. If I had a concern I would go to the manager".
We saw the service's Mission Statement that suggested the issue of providing specific feedback to the service was being addressed. The document emphasised the importance of involving family members and carers in the life of the service through open and transparent communication. A meeting with relatives was arranged for January 2016 to see how to best implement this aim.
Person Centred Care was at the heart of the service's values. Staff members told us "the person is in the middle and we need to adjust the environment to meet their needs". We observed this approach through all aspects of running the service, from individual support plans, daily care notes and team meeting discussions to overall service improvement action plans.
Staff said they were clear about their roles and expectations of the service and the organisation they worked for.
The area manager told us the service actively involved external health professionals in planning, improvement and delivery of the service. We saw evidence of a variety of specialists attending team meetings to talk about best support practice and to train staff on how to best deliver it. This way staff had ongoing access to the most up to date treatment guidelines for people with a learning disability.
The service had a registered manager who had been in post since December 2014. He was away during our inspection however their passion, hands on approach and strong leadership was visible in spite of his absence. Monitoring mechanisms introduced by them allowed continuing quality assurance and best service delivery.
The management team was described by staff as supportive, robust, approachable and promoting open communication. They offered ongoing constructive feedback to the staff. We saw evidence of this taking place in supervision files and team meetings. Records showed that any gaps in practice were addressed in a timely manner by the registered manager. We saw evidence of disciplinary procedures being used as well as supportive discussions on how to improve staff satisfaction. For example one team meeting minutes had records of discussion on what motivates staff and how management can motivate the team. In another team meeting staff were encouraged to discuss their feelings around recent care challenges they came across and also voice their opinion on latest changes to the service's shift patterns. This indicates that staff

opinion mattered and was welcomed by the management team.
We found the service to have a variety of systems in place to ensure it was safe and well led. There were detailed audits that allowed ongoing monitoring and quality assurance of all aspects of service delivery. These included fire checks, health and safety audits, staff training matrix and medicine audits. The area manager showed us the most recent yearly Registered Manager Annual Audit. The document contained a record of identified issues and actions that needed to be taken to resolve them. Team meeting and supervision records showed that the above was then conveyed and discussed with staff members.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person did not follow procedures for the proper and safe management of medication. Regulation 15 (2) (g).