Support for Living Limited

Support for Living Limited - 26 Stockdove Way

Inspection report

26 Stockdove Way
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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 4 and 5 November 2014 and was unannounced. At the last inspection on 21 and 22 August 2013 we found the service was meeting the regulations we looked at. 26 Stockdove Way is a care home which provides accommodation and care for up to seven adults with a learning disability and/or a physical disability.

At the time of our visit there were seven people using the service. The accommodation is laid out over two floors. Each person had their own bedroom and can access the communal facilities such as a lounge, dining room, kitchen and garden. The first floor can be accessed by a lift.

The service did not have a registered manager. The previous registered manager had left the service in July

Summary of findings

2014. We had been informed about this by the provider in accordance with their responsibility as set out in our regulations. 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.

Arrangements were in place to safeguard people against abuse or harm and staff understood how to safeguard the people they supported. Relatives we spoke with told us their family member was safe whilst at the service.

People were comfortable and staff engaged with them in a professional and caring manner. Risks to people's health and wellbeing had been assessed and staff knew how to manage these to keep people safe from harm.

There were enough staff on duty to meet people's needs. Recruitment was on going to fill staff vacancies. People were given their prescribed medicines and medicines were reviewed regularly to ensure their ill health was managed.

People were cared for by staff who received appropriate training and support to meet their needs.

Care was planned and delivered in ways that enhanced people's safety and welfare according to their needs and preferences. Staff worked with other healthcare professionals to support people with their health needs. People were supported to eat and drink safely.

Staff had a good understanding of the Deprivation of Liberty Safeguards and the Mental Capacity Act 2005. Where restrictions were in place people were assessed and decisions had been made in their best interest. Appropriate procedures were followed so that people's human rights were upheld. People were involved in decisions about their care and how their needs would be met.

People were supported to undertake outings and activities of their choice. Relatives told us the staff were welcoming and were confident to raise any concerns they had. The management team was accessible and open. People were encouraged to maintain relationships that were important to them.

There were systems in place to monitor the safety and quality of the service that people experienced. People and their relatives/advocates were involved in the service. They had participated in the recruitment of the manager. Where people were not able to make their views known their relatives and friends were consulted on their behalf.

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?

Good

The service was safe.

Staff knew how to recognise and report any concerns they had, to protect people from the risk of abuse or harm. Relatives told us the service was a safe place for people to live. Risks to people were identified and management plans were in place that promoted people's independence and safety.

There were appropriate staffing levels to meet the needs of people who used the service.

People were supported with their medicines in a safe way by staff who had been appropriately trained.

Is the service effective?

Good

The service was effective.

Staff had access to training, supervision and staff meetings to help them carry out their roles effectively.

Arrangements were in place to ensure people's health and wellbeing was monitored. The service worked closely with other healthcare professionals so that people could receive appropriate care and treatment. People were supported by staff to eat well and to stay healthy.

The service was meeting the requirements of the Deprivation of Liberty Safeguards and the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring.

Staff respected people's dignity and right to privacy. Staff knew how to communicate effectively with people and knew their needs and preferences.

Relatives were free to visit the home without restrictions. Staff ensured people kept in touch with family and friends.

Staff were caring and knowledgeable about the people they supported. People and their representatives were supported to make informed decisions about their care and support.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and care plans reflected how people wanted their care and support to be provided. The service was responsive to people's changing needs.

People were supported to undertake activities that they enjoyed.

There was a complaints policy and relatives told us they were comfortable to raise any concerns they had with the manager.

Summary of findings

Is the service well-led?

Good

The service was well led.

Arrangements to assess and monitor the quality of the service were in place, so that people benefited from safe and quality care, treatment and support.

Staff had a good understanding about the values of the organisation and how they were to be implemented in everyday care and support.

Relatives said they found the manager to be open and approachable.

Support for Living Limited - 26 Stockdove Way

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 4 and 5 November and 2014 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 21 and 22 August 2013.

During our inspection we met all seven people using the service. We spoke with one person. We could not speak with the majority of people because they were unable to share their experiences of using the service with us verbally. We spent some time observing care and support being delivered in the lounge and dining room. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us.

We also looked at records, including three people's care records, staff records and records relating to the management of the service. During the inspection we spoke with two relatives, three members of staff, the deputy manager and the manager. After the visit we contacted one relative of a person using the service and asked them for their views and experiences of the service.

Good

Is the service safe?

Our findings

The service took appropriate steps to protect people from abuse, neglect and harm. From our observations we saw that people were comfortable in the presence of staff. One relative told us "I have no worries when I am leaving, my [relative] always looks happy." Another said "My [relative] is looked after very well. I feel that she is safe here." And "100% that [relative] is safe here."

Training records showed staff had received training in safeguarding adults. We spoke with staff about keeping people safe. Staff we spoke with were able to describe the types of abuse that people could experience, the signs they would look for to indicate someone may be at risk and the actions they would take if they had a concern about a person. There were safeguarding and whistleblowing procedures which were available for staff to access. Staff told us they would follow the procedure to report any safeguarding concerns they had. This ensured that staff had the appropriate information, training and support they needed to protect people against the risk of abuse, neglect and harm.

Accidents and incidents were managed appropriately. Relatives told us the service kept them informed about any accidents or incidents that involved their family member. One relative told us about an accident that was being investigated by the manager and how they had been kept informed.

Risks to people were assessed and reviewed. Management plans were in place where risks had been identified to ensure the safety of people and that of others. For example moving and handling risk assessments had been completed for a person who required assistance with their mobility, the risk assessment identified the type of equipment to be used and how many staff were required for assisting in particular tasks such as bathing. Relatives told us they discussed people's individual risk management plans at review meetings.

We spoke with staff about how they supported and kept people safe who had behaviour that challenged the service and others. Staff gave us examples of behaviours that challenged and the actions they took to support people. They told us they had a good understanding of the causes of people's individual behaviour, signs to look out for and the support people required to keep them safe. For example, for a person that shouted and caused others distress we saw the staff tried to reassure the person and use techniques to calm them, such as sitting down with the person at their level, holding their hand and speaking in a calm and unhurried manner.

The manager told us the staffing levels were determined according to the needs of people who used the service. On the days of our inspection there were three staff on during the day and at night there were two members of staff who could request additional support from an adjoining service. Where possible the manager said they would roster a member of staff to work a mid-shift so that people could be supported to take part in activities.

The service had two full time vacancies for care staff and an active recruitment programme was in place to recruit suitable care staff for the service. Where shifts could not be covered by the permanent staff the service used agency staff or bank staff. Where possible staff booked the same agency staff to provide people with some consistency in who provided their support. An agency member of staff we spoke with confirmed they regularly worked at the service and knew how people wanted to be supported. We spoke with staff who told us they were being kept informed of the recruitment plans to replace those staff that had left.

We spoke with staff and relatives about the staffing in the service. Comments we received from relatives included "most times there are enough staff, two staff have recently left and sometimes they are short of staff". "There are enough staff". We observed staff attending to people in a calm, unhurried and timely manner throughout the inspection; people were supported to attend activities in the community.

We looked at the medicines management for the service. The provider had policies and procedures in place to manage medicines safely. People's current medicines were recorded on the Medicines Administration Records (MAR) and we saw that there were records of medicines received into the home and of medicines carried forward from the previous cycle. Where people required a variable dose of medicine the number of tablets administered was recorded. Where 'as required' (PRN) medicine was administered this was recorded on the back of the MAR with the reason for administration. This also allowed the use of PRN medicine to be monitored. Guidelines for the use of PRN medicines were available for each person and staff we spoke with were able to describe when they would

Good

Is the service safe?

use PRN and their description matched the information written in the guidelines. For example, for two people we saw staff offering them medicines for pain relief as detailed in their individual guidelines. Both relatives told us they were involved in medicine reviews and said their family members received the medicines they needed.

Where people had specific medical conditions such as epilepsy, staff had undertaken training in epilepsy management which included the administration of specific medicines. One relative told us "Staff have had training in epilepsy; they all know what to do."

Weekly and monthly medicine audits were carried out to check that medicines had been recorded and were being administered appropriately. The MAR sheets were checked during the handover to ensure that any omissions and gaps were identified and corrected. Where people required medicines to be administered 'covertly' (which meant this was given to them without their knowledge) we saw records that this decision had been made in the person's best interest with the input of healthcare professionals involved in the care of the person.

Good

Is the service effective?

Our findings

One person was able to tell us the staff were "good". Two other people indicated through smiling they were happy at the service. Comments we received from relatives included "They are very, very good" and "we are very pleased with the care at Stockdove Way". They also told us that regular staff had a good understanding of people's needs and how best to support them. One relative told us "They have a very good understanding of [family member] needs, what they like and what they don't like."

The provider had a training programme in place and staff undertook training they needed to deliver good care and support to people. Training information viewed detailed that staff training was renewed so that staff knowledge remained up to date. Where people required specific training to meet individual needs this had been arranged by the provider. For example, the staff we spoke with told us they had undertaken training in administering epilepsy medicine.

All the staff we spoke with told us they received support through one to one supervision and team meetings. One to one supervision took place every 6 weeks and staff told us they used this time to discuss professional development, training, performance and how they could best support the people at the service. Supervision records confirmed the type of support that staff received.

The provider had an annual appraisal system to assess the performance of staff. Staff told us they had an annual appraisal meeting with the manager where they discussed their work performance throughout the year. Two staff said they found this helpful and the process allowed them to focus on what they had done well and what improvements they could make to support people with their individual lives.

Staff were able to communicate effectively with the people they supported. Where people were unable to speak the staff knew what people were communicating through the noises, sounds and gestures they made. People's care plans contained detailed information on how people communicate, what this meant and what they expected staff to do. For example, for one person we observed led staff by the hand if they wanted to go to the bathroom.

Where required staff were able to access support from the psychologist and behavioural therapist in the community disability team so they could communicate with people in the way that best supported the individual.

Throughout our inspection we saw that staff asked for people's consent before they carried out any care and support. For example, we observed that people were asked for their consent before they were moved, when they were offered food and drink and where any personal care was required. Staff were able to tell us how they understood whether consent had been obtained, for example whilst supporting people with their food, if a person refused to open their mouth this indicated that they did not want to eat. Where people did not have the capacity to make more complex decisions about their care and support we saw that specific decisions had been discussed with the family, healthcare professionals and other people involved in the person's care. Where specific decisions had been made, these were recorded, in people's best interest.

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. We asked staff about their responsibilities in relation to the Mental Capacity Act (2005) and DoLS. Staff told us they had undertaken training in this are as part of their person centred care planning and equality and diversity training. They were able to describe why a DoLS application had been required for a person at the service. They showed us the policies and procedures in this area which gave staff instructions and guidance about their responsibilities. One relative told us "I'm always involved in any discussions around complex decisions, such as any planned hospital treatment".

For a person that required a restriction in to keep them safe from harm we saw this had been agreed by the local authority, appropriate records were in place and the required notifications regarding the DoLS application had been sent to CQC. The relative of this person told us they were aware of the restriction and had been involved in discussions prior to the application being made to the local authority.

We observed the lunchtime meal on the first day of the inspection. People were supported in a manner which maintained their dignity. Where people required assistance

Good

Is the service effective?

this was at a pace that was comfortable for the person. People were content, smiling and staff were observed to be attentive to their needs. One relative told us “the staff know what my family member likes and how they like the food”.

We observed throughout our inspection that people had access to hot and cold drinks as staff regularly offered them to people. We saw that staff took time to talk with people and were attentive to their needs. Where people required equipment that promoted their independence and safety this was provided. For example, one person’s plate had a plate guard and had been placed on a non-slip mat, so they could eat independently, another person only had their meals whilst in a purpose built chair, which assisted with their posture when eating.

People’s nutritional needs were assessed. This included information about food preferences, diet and risks associated with their nutrition and weight. A relative told us “They noticed that [relative] had lost weight. They made an appointment to see the GP, weights were monitored more frequently and they kept me informed of what was going on”. People were supported to have their meals in a safe way. Guidelines on eating and choking were available in people’s care plans and detailed how risks to people could be minimised. Where people had difficulties with swallowing, pureed and soft diets were prepared following guidelines that had been developed by the speech and language therapist and dietician. The staff member preparing the meal told us that the food for pureed and soft diets was prepared so that food remained separate and was more appetising for people to eat.

People’s healthcare needs were met and supported by a range of health professionals. These included GPs, speech and language therapists (SALT), dentists, chiropodists, dietician, behavioural therapist and psychologists. We saw one person being supported to attend a GP appointment during our visit. Staff were able to explain people's health care needs and knew which health professionals were involved in their care. Regular medicine reviews were carried out by the GP and consultant psychiatrist and any changes had been implemented.

Care plans, contained a health action plan which detailed the support people wanted and required with their healthcare needs. Where people had been seen by a health professional, details of the visit and the outcome were clearly recorded. Records we viewed showed that staff acted on the advice of medical and other professionals. All the relatives we spoke with told us they were kept informed of the outcome by the staff. This showed us that people’s health care needs were being monitored and care was coordinated with health and social care professionals.

Good

Is the service caring?

Our findings

People were treated with respect and dignity. Throughout our inspection we saw that staff interacted with people in a professional and caring manner. People were cared for as individuals with varying support needs. Staff were observed to be calm, patient and explained things well. For example, staff explained to people that it was lunchtime and they were to be moved to the dining room.

One member of staff said “Everybody is unique, and they are all different.” Relatives we spoke with told us the staff were caring. Comments we received included “The staff are very, very good.”

One person told us they were “happy”, “staff are nice" and “like living here”. Other people indicated to us by smiling that they liked living at the service. Staff we spoke with were able to describe how they supported people, their likes, dislikes and individual preferences. For example, one person preferred to get up later in the morning and staff respected this.

We looked at three people’s care plans. These contained information on the care and support people required, what was important to them and how they wanted their care and support to be provided. Where people were unable to speak for themselves we saw that family, friends and other people important to the person had been consulted to identify care preference. One relative told us “My [relative] loves the radio and every time I visit I notice they have the radio on.”

Relatives we spoke with said they were involved in care plan reviews with their family member. Minutes of review meetings detailed their involvement, what had been discussed and any new goals that that had been agreed for the person. People were listened to and their views were acted upon. A relative described how they had been involved in supporting their family member to make a decision about what type of holiday they wanted.

Feedback was sought from speaking with relatives and people during their review meetings and one to one meetings. This was confirmed in the care records we viewed. Relatives told us they had attended a coffee morning and the manager had provided information about the general running of the service, forthcoming events, staff changes and future plans for the service.

Advocacy arrangements were in place for those people who required the support of an advocate. We looked at one person’s care records which showed that review meetings had been held involving the advocate. Their feedback was recorded in the minutes of the meetings to ensure the person was represented. The person’s rights were protected and they were supported to be involved in making decisions about their care and support.

Relatives told us they could visit the service at any time and there were no restrictions to visiting hours. They also told us there was good communication with the service and they could approach the staff if they had any concerns with any issues they had.

Good

Is the service responsive?

Our findings

People's needs were assessed and staff responded to people's needs in line with their individual care plans. A relative told us they had been actively involved in the pre-admission assessment carried out by the service. They were able to describe how they had met the staff with their family member, made visits to the service, so the person met other people living at the service and described how feedback was obtained from other care staff and professionals about how to support the person's specific needs. They told us "it was well managed" and they were "happy with the process". This showed us the service worked in partnership with people and other professionals to understand and determine whether they could meet people's needs prior to a place being offered.

People's individual needs were regularly reviewed, recorded and any changing healthcare needs were responded to. People's physical, mental and emotional well-being was monitored and advice was sought from other healthcare professionals.

Care plans and associated documents we viewed were centred on the individual needs of people and what was important to them to lead a good life. For example, where one care person's care plan identified they were at risk of not taking part in activities due to anxiety, the care plan provided staff with guidance about how to support the person with this and the type of support they required.

People's diverse needs were respected. The care plans were available in a range of picture formats that reflected people's communication needs. People's interests and activities were recorded. People were supported to undertake activities, such as going out for meals, walks, going to the bank, visiting family and friends. Where people had religious or cultural preferences the staff supported people to attend local places of worship, such as the Gurdwara (Sikh temple). The provider also had an activity centre adjacent to the service. Throughout our visit we saw staff accompanying people to attend the various activities on offer.

Relatives told us what they would do if they had any concerns. They said they would speak with the manager or the staff on duty. Two relatives confirmed where they had raised concerns these had been addressed to their satisfaction. Comments we received included "I would speak with the manager", "I'm not shy, I would speak up" and "the staff are approachable, I would tell them if I had a concern".

The complaints procedure was displayed in the front hallway and was available in an easy read format so that people could access the information. The procedure outlined how people could make a complaint and the steps taken by the provider for dealing with this. Where people were unable to verbally communicate their concerns we asked staff how they supported people. They gave us examples of things they would look for, including changes in behaviour, observations on their interactions with other people and signs of withdrawal.

No complaints had been received by the service since the previous inspection. Complaints information was included in the manager's report which enabled the provider to monitor the number of complaints received and the actions taken.

Good

Is the service well-led?

Our findings

Relatives told us they found the manager to be approachable and open to any suggestions they had made so that improvements could be made to the service. Staff told us the manager was "finding his feet" and "getting to know people and staff".

The previous registered manager had left the service in July 2014. We had been informed about this by the provider in accordance with their responsibility as set out in our regulations. They knew about the condition of their registration which required the service to be managed by a person who was registered with the Commission. A new manager was recruited in in September 2014. We received an application from this manager at the beginning of December 2014 to register with us. This application is currently being processed.

Regular team meetings took place. Staff told us that they discussed individual people, any changes in their care needs and what improvements could be made to the support they provided. Minutes of the meetings viewed showed that staff were provided with information on any changes within the service, organisation and training and development. Care records we viewed showed that advice had been sought from specialist professionals such as the behavioural support team when developing people's care plans. Staff confirmed the guidance provided had enabled them to support people with complex communication needs better.

Information on whistleblowing was available on the home page of the provider's intranet. All the staff we spoke with said they would speak up if they had any concerns regarding the care and welfare of people at the service. They told us the provider had a dedicated whistleblowing line and knew that they could access this if they needed to.

Staff were able to describe the values, strategy and vision of the organisation. They told us they also discussed these at team meetings and had been involved in developing the business plan for the service. The business plan detailed which areas of development the staff team were responsible for. For example the staff team were working towards achieving better outcomes for people with complex and multiple needs.

Two relatives told us they had been involved in the recruitment process for the manager, this had included being involved in the job interview. Both of them confirmed they were happy to have been involved and that it was important for the people at the service who were unable to make their views known to have others consulted on their behalf.

Arrangements were in place to assess and monitor the quality of the service. We looked at certificates relating to health and safety. We saw that gas, electrical and fire safety certificates were in place and renewed as required to ensure the premises remained safe for staff and people using the service. Information on key performance areas was collated and reports were completed each month, for example areas covered included numbers of complaints, accidents, incidents, safeguarding and staff training. The reports were reviewed by the provider so that they could monitor the service provided and take appropriate action where issues had been highlighted.

Accident and incident records showed that the provider responded appropriately to accidents and incidents and used the information to update risk assessments and management plans where required. The provider had in place a system for reviewing accidents and incidents so that any trends or patterns could be identified and appropriate action taken to prevent them from happening. We viewed investigation reports for three incidents that had occurred, these contained information on any learning that had taken place and recommendations that were to be implemented to improve the care and support people received.

The service manager carried out an annual audit of the service. The last audit completed in September 2014 detailed areas of service provision where shortfalls had been identified. For example, shortfalls had been identified with the completion of weekly fire alarm checks and the actions that were required to address the shortfalls. We looked at the fire alarm records and saw that improvements had been made to their testing and recording as a result of the audit.