

Support for Living Limited

Support for Living Limited - 13 Newburgh Road

Inspection report

13 Newburgh Road
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Ratings

Overall rating for this service

Requires Improvement



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?

Requires Improvement



Overall summary

This inspection took place on 15 and 16 January 2015. The visit on 15 January 2015 was unannounced and we told the provider we would return on 16 January to complete the inspection.

The last inspection of the home took place on 23 November 2013 when the service was meeting all of the standards we inspected.

Support For Living – 13 Newburgh Road is a care home providing support and accommodation for up to seven people who have a learning disability and mental health needs. At the time of this inspection, three people were living in the home.

The home has a registered manager who has been in post since 2005. A registered manager is a person who has registered with the Care Quality Commission to

Summary of findings

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.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Fire safety measures in the home were inadequate and people using the service and others would be at risk in the event of a fire. There were not enough staff at all times to care for and support people using the service.

You can see what action we told the provider to take at the back of the full version of this report.

Staff supported people in a caring and professional way, respecting their privacy and dignity.

Staff had the training they needed and they were able to tell us about people's individual needs and how they met these in the home.

Staff understood the provider's safeguarding procedures and they understood the importance of reporting any concerns about the welfare and safety of people using the service.

People consistently received their medicines safely and as prescribed.

We found the service to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act 2005 (MCA). The Deprivation of Liberty Safeguards provide legal protection for vulnerable people who are, or may become, deprived of their liberty in a hospital or care home.

Care records reflected people's health and social care needs and staff regularly reviewed each person's care and support. The registered manager and staff communicated effectively to make sure all staff were kept up to date with each person's care and support needs.

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?

Some aspects of the service were not safe.

Fire safety measures in the home were inadequate and people using the service and others would be at risk in the event of a fire. There were not enough staff at all times to care for and support people using the service.

People told us they felt safe in the home and the provider had systems to safeguard people.

People's medicines were managed safely.

Requires Improvement



Is the service effective?

The service was effective.

Staff had the training they needed to support people safely.

People told us they enjoyed the food provided and we saw staff offered people choices.

People had access to health care services and staff supported them to attend appointments.

The provider and registered manager understood their responsibilities under the Deprivation of Liberty Safeguards, where required. The Deprivation of Liberty Safeguards provide legal protection for vulnerable people who are, or may become, deprived of their liberty in a hospital or care home.

Good



Is the service caring?

The service was caring.

People told us they felt well cared for in the service.

Staff treated people with kindness and patience. The manager and staff we spoke with had worked in the service for some time and knew people's care needs very well.

People were able to choose where they spent their time and staff respected their privacy and dignity when they supported them with their personal care.

The provider produced information for people using the service in a format they could understand.

Good



Is the service responsive?

The service was responsive.

The provider's care planning systems focussed on the individual. Staff clearly recorded people's views and based care plan actions on their wishes and aspirations.

Good



Summary of findings

Staff reviewed and updated people's care plans regularly.

The provider had systems in place to respond to comments and complaints about the care and support people received.

Is the service well-led?

The service was partially well led.

Staff worked well as a team to meet people's care and support needs.

Staff we spoke with were aware of the aims of the organisation and told us their role was to work with people as individuals, enabling them to live the life they chose.

The manager and provider carried out a range of checks and audits to monitor the service. However, these had not identified the issues we found with fire safety and staffing during this inspection.

Throughout the inspection, the atmosphere in the home was open, welcoming and inclusive. Staff spoke to people in a kind and friendly way and we saw many positive interactions between staff and people who used the service.

Requires Improvement



Support for Living Limited – 13 Newburgh Road

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 15 and 16 January 2015. The visit on 15 January 2015 was unannounced and we told the provider we would return on 16 January to complete the inspection.

The inspection team consisted of one inspector.

Before the inspection, we reviewed the last inspection report and statutory notifications sent to us by the provider.

During the inspection, we spoke with all three people using the service, three care staff and the home's registered manager. We also looked at each person's care plan, risk management plan, health care records and medicines records.

Following the inspection, we spoke with one relative and received comments from a local authority care manager and a clinician from the health authority's learning disability team.

Is the service safe?

Our findings

The provider did not protect people using the service and others against the risks associated with unsafe premises. The provider had completed a fire safety risk assessment in December 2014 and The London Fire and Emergency Planning Authority (LFEPA) had also carried out a fire safety assessment in September 2013. The LFEPA report included four recommendations. While we saw the provider had addressed three of the recommendations, the fourth required the provider to “maintain the facilities.” During the inspection, we saw a fire door that did not close fully, a second fire door with a large gap at the bottom that would allow smoke to enter or leave the room, a fire door that was wedged open and two broken door holders that would not work in the event of a fire. This placed people using the service and others at risk in the event of a fire.

This was in breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A member of staff told us, “There are usually enough staff, but we do have to work on our own on some shifts.” However, the provider did not always ensure there were enough staff to meet people’s needs. For example, the staff rota showed that, on occasion, one member of staff was on duty alone to support three people. One person needed the use of a portable hoist to transfer from their wheelchair to their bed and from the bed to a chair or commode. On the first day we inspected, a member of staff worked alone from 3:00 pm. An occupational therapist, physiotherapist and staff from the home had completed a risk assessment in August 2012 and concluded one member of staff could support the person to transfer. However, staff had not updated or reviewed the risk assessment for more than two years and training materials and guidance for staff mentioned in the assessment were not available. This may have placed the person at risk of receiving unsafe care and support.

This was in breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People using the service told us they felt safe. One person said, “I’m safe here, the staff look after me.” A relative told us, “[relative’s name] is very happy there, I know he’s well looked after.”

The provider had systems in place to protect people using the service. We saw the provider had reviewed and updated their safeguarding adults policy and procedures in June 2012. The procedures included information for staff on identifying possible abuse and reporting any concerns. The provider had not reviewed and updated the policy and procedures in June 2014, in line with the provider’s policy. We discussed this with the registered manager who checked and told us both documents were currently under review.

One care plan included a ‘How I would Report Abuse’ form that a person using the service had completed with their key worker. The form included information about how the person would communicate concerns and guidance for staff on how they should respond if the person disclosed allegations of abuse.

All of the staff we spoke with told us they would take action if they suspected someone was abusing a person using the service. One staff member said, “The first thing is make sure the person was safe and then report it.” A second staff member told us, “We were told on our training that we have to tell someone if we have any suspicions, we won’t get into trouble.”

The manager told us all staff completed safeguarding adults training. Staff told us they had completed the training and the training records we looked at confirmed this.

The provider assessed risks to people using the service and gave staff clear guidance on managing identified risks. We saw people’s care plans included risk assessments and guidance for staff on how to reduce risks to individuals. The risk assessments covered mobility, use of the kitchen, alcohol use, manual handling, cooking and individual’s health care needs. Staff had regularly reviewed the risk assessments we saw.

The provider learnt from incidents and accidents involving people using the service. We saw staff recorded incidents and accidents involving people and we saw the registered manager reviewed each report. Where reviews identified the need to make changes to a person’s care plan, we saw the registered manager and staff took appropriate actions

Is the service safe?

to make sure people received safe and appropriate care. For example, following one incident, staff changed the evening mealtime routine to make sure people were supported appropriately. Also following a recorded incident, the registered manager and staff produced guidance to manage the risk of one person leaving the home without staff support.

Following the inspection we contacted the provider's Director of Human Resources. They told us, "I can confirm that staff have the following checks applied –

- Right to work in the UK
- Disclosure and Barring Service criminal records check, refreshed every 3 years
- A full employment history review. Gaps are checked with candidates and followed up with relevant sources to verify

- A minimum of two references are taken covering the last 3 years of work. If the references are from the same organisation then we will seek a third reference which will be character related.
- References, applications and confirmation of checks are held within an individual's Human Resources file which is held at our Head Office."

The provider had systems to ensure people consistently received their medicines safely, and as prescribed. All medicines were stored securely in a lockable cabinet. Staff gave people their medicines and they did this safely. Staff took time to administer medicines to people in a caring manner, explaining what any new medicines were for and asking people if they needed pain relief.

Staff kept up-to-date and fully completed records of medicines received, administered and disposed of, as well as a clear record when people had allergies to medicines. These records provided evidence that people were consistently receiving their medicines as prescribed.

Is the service effective?

Our findings

People were supported by staff who had the knowledge and skills they needed to provide effective care. Staff training records showed that most staff were up to date with training the provider considered essential. This included first aid; fire awareness; manual handling; medicines management and safeguarding. Where staff needed to complete elements of the training, or attend refresher training, we saw this had been booked for them by the registered manager. Staff told us they found the training helpful. One member of staff said, “Some of the people living here have specific needs and we have received the training we need to meet them.” For example, the district nurse had trained one member of staff to administer insulin injections for one person. This meant the member of staff could accompany the person on holiday to ensure they continued to receive the medicines they needed.

People using the service told us they enjoyed the meals provided for them. One person said, “All the food is good. I like takeaways.” Another person told us “Its good food, I like it.” We saw staff recorded people’s food preferences, likes and dislikes in their care plans and based the meals provided on these. During the inspection, we saw the registered manager and staff met with individuals and planned the menu with them.

People had access to health care services when necessary. We saw care plans included information about people’s visits to their GP or other clinicians and hospital or clinic appointments. People also had a Health Action Plan and health profile. We saw staff had updated these for two people in 2014 but one had not been reviewed or updated since May 2013. Staff were able to tell us about each person’s health care needs and how these were met in the home. For example, one person had complex health care needs and staff told us how they had worked with hospital

staff, the person’s GP and clinicians from local learning disability services to make sure they had the training and support they needed to enable the person to return to the home after a hospital admission.

A health care professional told us, “I have always felt that they accept support willingly and reflectively. I have done teamwork with the team there to help them to think through complex matters in terms of the service users they are working with. It is my experience that they have been able to use this service well and they have been able to implement my advice without any undue difficulties. They have always referred to psychology and challenging behaviour services appropriately and in a timely fashion and they are proactive in addressing the needs of their residents.”

Staff were able to tell us about their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). They told us people were able to make many decisions for themselves, but some restrictions were in place. For example, at the time we inspected, all three people needed support from staff when they went out from the home. The registered manager told us they had applied to the local authority for authorisation of these restrictions, but the local authority had yet to complete their assessments. The registered manager was aware of the need to inform the Care Quality Commission of the outcome of any DoLS applications.

The provider, registered manager and support staff understood their responsibilities and acted in line with legislation to make sure people were involved in making decisions about their care and support, wherever possible. People’s care plans showed staff consulted them about the care and support they received and obtained consent. Some people signed their care planning and risk management documents and we saw other people’s relatives and social and health care professionals were involved in making decisions for other people in their best interests.

Is the service caring?

Our findings

People told us they felt well cared for in the service. One person said, “I’m happy here, it’s good.” A second person told us, “I’ve lived here a long time, I like it.” This person also told us about the time they spent living in a large learning disability hospital and added, “I’m not going back, I want to stay here.”

During the inspection, we saw staff treated people with kindness and patience. They gave people the support they needed promptly and efficiently and individuals did not have to wait for staff to help them. Two of the three people using the service went out for part of the day on each of the two days we visited. The other person chose to stay at home but we saw from care notes which staff completed that they also went out regularly.

The manager and staff we spoke with had worked in the service for some time and knew people’s care needs very well. They were able to tell us about significant events and people in each person’s life and their individual daily routines and preferences.

People were able to choose where they spent their time. We saw people spent time in their rooms when they wanted privacy and spent time in the lounge or kitchen when they wanted to be with other people. Staff respected people’s privacy and dignity when they supported them with their personal care. For example, staff made sure they closed bedroom doors when they supported people with their personal care and always knocked on the door and waited for people to invite them in.

Staff offered people choices about aspects of their daily lives throughout the inspection. We saw people made choices about what to eat and how they spent their time. Staff made sure people understood what they were being offered and gave them time to make a decision. If staff were not able to respond immediately to a person’s request, we saw they explained the reasons why and agreed a time when they would be able to support the person.

The provider produced information for people using the service in a format they could understand. We saw the provider’s care planning and risk management forms included pictures and symbols to make the information easier for people to understand. An easy-read version of the provider’s complaints procedure was also available.

We saw staff recorded people’s needs in respect of their gender, religion and culture in their support plans. For example, people were asked about their preference of the gender of staff who supported them with their personal care and this was respected and reflected in the staff rotas we saw. Staff also recorded people’s religious needs, although none of the people using the service when we inspected attended a place of worship.

At the time we inspected, the service provided care and support for three older men with a learning disability. Each person using the service had an end of life care plan that they had discussed and agreed with their relatives and staff.

Is the service responsive?

Our findings

People told us they were involved in planning the care and support they received. One person said, “I talk to the staff and tell them what I want to do, they listen to me.”

The provider’s care planning systems focussed on the needs of each person. Care plans included information about the person, people important to them, their life history and preferred routines. Staff clearly recorded people’s views and based care plan actions on their wishes and aspirations. For example, staff supported one person to attend football matches to watch their favourite team and supported them to go to a local pub to watch football matches on television. Staff supported a second person to visit the London Transport Museum regularly and supported them to maintain contact with people important to them.

One member of staff told us they offered people using the service as many choices as possible about all aspects of their daily life, gave people time to express their views and made sure they respected these.

Staff reviewed and updated people’s care plans regularly. The provider produced information in an easy-read format

and used photos, pictures and plain English to make information easier for people using the service to understand. Care plans had been reviewed regularly with the person living in the home, their relatives and professionals involved in their care.

Staff completed daily care notes for each person and we saw staff supported them to take part in activities in the home and the local community. Where staff supported people to take part in activities the care notes showed how engaged they were and whether or not the person had enjoyed the activity.

The provider reviewed and updated the compliments, comments and complaints policy and procedures in June 2012. The procedure included an easy read complaints form that enabled people to comment on the care and support they received. The complaints record showed there had been no recorded complaints since November 2013. Staff told us they supported people to resolve minor complaints and differences but supported them to use the formal procedure if they chose. While the complaints record included details of complaints made and the actions taken by staff, it did not always include the outcome of the complaint. We discussed this with the registered manager who agreed to update the records.

Is the service well-led?

Our findings

The manager and provider carried out a range of checks and audits to monitor the service. However, these had not identified the issues we found with fire safety and staffing during this inspection.

This was in breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us they had managed the service since 2005. People using the service told us they knew who the registered manager was and said they could talk with them at any time. One person told us, “[Manager’s name] is the manager, I tell him what I want.”

Staff told us they found the manager supportive. One member of staff told us, “The manager is very busy but very supportive. If I need to ask something, I know I will be listened to.”

Staff worked well as a team to meet people’s care and support needs. During this inspection, we saw examples of good team work where staff supported each other to make sure people using the service did not wait for support or attention. One member of staff said, “It’s hard work but we work well as a team.” A second member of staff said, “I’ve worked here a while, it’s a good home and we work well together.”

The provider’s stated vision is, “..of a future where people with learning disabilities and mental health needs have the same opportunities and rights as everybody else.” Staff we spoke with were aware of the aims of the organisation and told us their role was to work with people as individuals, enabling them to live the life they chose. They were able to give us examples of how they supported each person in the

home to take part in activities they chose. For example, going to football matches, visiting museums and going on holidays and day trips. Although all three people using the service were aged 60+, we saw staff worked with people to identify and support them to reach their recorded goals.

The registered manager told us they carried out monthly checks in the service, based on key performance indicators. This included checks of people’s care plans and reviews of the support they received, progress in meeting identified goals, risk management plans and health action plans. We saw the registered manager completed the last audit in December 2014. We also saw evidence of other audits, including daily checks of people’s finances and medicines. These checks enabled the registered manager and staff to ensure key documents were kept up to date and accurate. Where actions were identified as part of an audit, action was taken. For example, where staff were identified as needing to complete training courses, the registered manager was able to show these had been booked.

The registered manager also told us they provided a quarterly contract monitoring report to the local authority that funded placements in the home. We saw the last report covered the period October – December 2014 and included information on the welfare of each person using the service, reviews of care plans and health action plans, staffing levels and safeguarding issues.

Throughout the inspection, the atmosphere in the home was open, welcoming and inclusive. Staff spoke to people in a kind and friendly way and we saw many positive interactions between staff and people who used the service. All the staff we spoke with told us that they enjoyed working in the home. One staff member said, “I’ve stayed here because it’s a good place to work. [Provider name] is a good employer and I’d leave if I didn’t think we were doing a good job.”

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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

Accommodation for persons who require nursing or personal care

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

We found that people who use services and others were not protected against the risks associated with unsafe or unsuitable premises because of inadequate maintenance. This was in breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

We found that the provider did not take proper steps to ensure that each service user is protected against the risks of receiving care or treatment that is inappropriate or unsafe. This was in breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

We found that the provider did not protect service users and others who may be at risk, against the risk of inappropriate or unsafe care by means of the effective operation of systems designed to identify, assess and manage risks relating to the health, welfare and safety of service users and others. This was in breach of regulation

This section is primarily information for the provider

Action we have told the provider to take

10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.