Support for Living Limited

Support for Living Limited - 246 Haymill Close

Inspection report

246 Haymill Close
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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires improvement

Overall summary

This inspection took place on 19 and 20 March 2015 and was unannounced. At the last inspection on 3 January 2014 we found the service was meeting the regulations we looked at.

246 Haymill Close is a care home which provides accommodation and personal care for up to seven people. The service specialises in the care and support of adults who have moderate to profound learning and physical disabilities. At the time of our visit there were seven people using the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There were quality monitoring systems in place to monitor the quality of service provision however, these were not always effective in identifying issues or used to make improvements to the service.

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

People were cared for safely by a staff team who received appropriate training and support to meet their needs. Relatives told us people were safe at the service. Staff knew how to protect people if they suspected they were at risk of abuse or harm. Risks to people were assessed and management plans to minimise the risk of harm or injury were in place.

There were enough staff on duty to provide support and care to people. People were provided with opportunities to participate in activities of their choice. The staff team had an in-depth knowledge of the people they were supporting, this included people's individual communication methods, how they wanted their care and support to be provided.

Medicines were stored safely, and people received their medicines as prescribed. People were encouraged to drink and eat sufficient amounts to reduce the risk to them of malnutrition and dehydration.

People were supported to keep healthy and well. Staff responded to people's changing needs and worked closely with other health and social care professionals when needed.

Staff received regular supervision and appraisal. These processes gave staff an opportunity to discuss their performance and identify any further training they required.

CQC is required by law to monitor the implementation of the Mental Capacity Act (MCA) 2005 and the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process to make sure that people are only deprived of their liberty in a safe and least restrictive way, when it is in their best interests and there is no other way to look after them. The 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 the staff involved relatives and other professionals to ensure that decisions were made in the best interests of the person and their rights were respected.

People were treated with kindness, compassion and respect. The staff took time to speak with the people they were supporting.

Care was planned and delivered in ways that enhanced people's safety and welfare according to their individual needs and preferences. People and others important to them were involved in the development and review of their care plan.

The provider regularly sought feedback from people and relatives about how the service they received could be improved. Staff had good knowledge of whistleblowing which meant they were able to raise concerns to protect people from unsafe care.

We found there was clear leadership and an open, transparent, positive and inclusive culture within the service. All the feedback from relatives and staff we received about the service was very positive.

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.

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

Risks were identified and steps were taken to minimise these whilst promoting individual choice and independence.

Staff knew people's needs well and there were enough qualified, skilled and experienced staff to meet people's needs.

Appropriate arrangements were in place so that people received the medicines they were prescribed.

Is the service effective?

Good

The service was effective.

People had access to healthcare professionals to meet their needs and the service worked well with other healthcare professionals to coordinate people's care.

Staff were skilled, experienced, trained, supervised and supported and had the skills and knowledge to care for people effectively.

People's rights were protected because the codes of practice of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards were followed when decisions were made on their behalf.

Is the service caring?

Good

The service was caring.

People received care and support from staff that were caring and compassionate. Staff were aware of what was important to people and ensured their needs were met.

People's relatives spoke highly of the manager and the staff team.

People were treated with dignity and respect. People's rights, choices and independence were promoted.

Is the service responsive?

Good

The service was responsive.

People experienced care that was individualised and responsive in meeting their changing needs.

People had opportunities to participate in activities that reflected their interests.

Summary of findings

The provider had systems in place to respond to complaints about the service. Relatives told us they were confident if they made a complaint they would be listened to and any concerns they had would be acted upon.

Is the service well-led?

Requires improvement 

The service was not always well led.

The manager was experienced and knew the service well. 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 an individual and safe manner.

There were quality monitoring systems in place however, these were not always effective in identifying issues or used to make improvements.

Support for Living Limited - 246 Haymill Close

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 19 and 20 March 2015 and was unannounced. It was carried out by a single inspector. We looked at notifications received and reviewed any other information we held prior to our visit.

During our visit the majority of the 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 met all the people at the service, spoke with the manager, deputy manager, five care staff and the cook. We looked at records which included three people's care records, staff records, training information, and other records relating to the management of the service. After the visit we contacted four relatives of people using service and asked them for their views and experiences of the service.

Good

Is the service safe?

Our findings

Relatives told us their family member was looked after safely. One relative said "My [relative] is very safe at the home, the staff keep [relative] safe by ensuring that the right equipment is being used." Another said "I am very happy with the way [my relative] is looked after and cared for, most definitely they are safe."

All the staff we spoke with told us they had undertaken training in safeguarding adults. They were all able to describe the different types of abuse that could occur in relation to people who use the service and the actions they would take to report any suspected or actual abuse. Staff had an in-depth knowledge of the safeguarding procedure they would follow. One staff member said "Safeguarding and whistleblowing information is on the homepage of our intranet, we have to speak up for the people here as they are unable to tell others themselves." Another member of staff said "We talk about keeping people safe all the time, whether they are in the house or we are taking them out in the community." Staff gave us examples of how they protected people. One member of staff showed us how they carried out daily checks on people's money and the records they kept to protect people from financial abuse. Another told us they ensured they used equipment that was detailed in people's individual care plan such as hoist slings.

Training information we viewed confirmed that all staff had undertaken training in this area. Staff were aware of the external agencies they could contact if they felt their concerns were not dealt with appropriately.

Relatives told us the staff spoke about risks and individual risk management plans in place during the care plan review meetings. Relatives comments included "The staff always try to do what they can, they always explain what they can do, what they can't do and the reasons why." And "The staff talk about risks at the review meetings and how best to support [relative] to keep safe."

Assessments of risks were carried out and where risks had been identified appropriate management plans were in place to minimise the risk of harm and to ensure the safety of people and others. For example, we saw for one person their mobility risk assessment included the type of shoes that the individual had to wear so that the risk of falling was minimised. We saw the staff ensured that the person was wearing the shoes before they left the service to access the community and had followed the management plan to ensure the person's safety.

All accidents and incidents were recorded electronically, reviewed and monitored for any trends or patterns. Learning from accidents, incidents and investigations took place and appropriate changes were implemented, for example the manager told us that following an investigation into an accident at the service all bedroom doors had been fitted with a mechanism to minimise the risk of people sustaining hand injuries.

Relatives and staff told us the staffing levels were appropriate for the needs of the people at the service and to keep people safe. One relative said "There are so many staff, whenever I visit. They need that many staff because of the high levels of care that people require." Another said "They always have enough staff, there is always someone in the lounge and there are plenty of them."

The manager told us that he could deploy additional staff when required, for example if people needed additional support to go on holiday. Care plans detailed the number of staff that were required to support individual people to keep them safe inside and outside of the service. For example, one person required two members of staff to enable them to access the community safely. For another person two staff were available to enable the person to attend hospital appointments. Throughout our visit we saw that staff were unhurried, calm, organised and took their time to support people.

Recruitment procedures were in place to make sure appropriate checks were carried out before new staff started work. These included checks on people's right to work, criminal records, and references from previous employment, qualifications, fitness to work and identification. We viewed recruitment information for one member of staff and saw that the required checks had been carried out. This helped to protect people from the risks of being cared for by unsuitable staff.

Arrangements were in place for people to receive medicines which had been prescribed. We observed staff supporting people to take their medicines safely. Relatives told us they were happy with the way staff supported their family members with their medicines. Comments we received included "They always tell me if there is a change

Good

Is the service safe?

in [relative's] medicines" and "All the staff have had training in administering medicines, whenever [my relative] visits the staff ensure they bring all the necessary equipment so they can give the medicines on time."

We looked at the management of medicines in the service. Medicine administration records (MAR) detailed the quantities of medicines received, carried forward from the previous medicines cycle and records were clearly signed when medicines had been administered. We checked a sample of medicines, the stock quantities available showed that medicines had been appropriately given to people. Records were kept for all medicines which were disposed of and collected by the dispensing pharmacist.

People's care plans contained information about the medicines they had been prescribed and the support people required to take their medicines. For example, some people liked their medicines with some yogurt.

Where a medicine was to be given only as required (PRN), there were clear guidelines for staff to follow to make sure the medicine was given in accordance with the instructions of the doctor. During our inspection we saw a PRN medicine being administered to a person, staff told us why they were administering the medicine and when we checked the person's MAR this matched the information we had been given. Relatives told us regular medicines reviews were carried out and staff kept them informed of any changes that had been made by the doctor.

Good

Is the service effective?

Our findings

People were cared for by staff that had the knowledge and skills to carry out their roles and responsibilities effectively. One relative said "My family member is very well looked after here, the regular staff know how to care for [relative]. Another said "All the regular staff are trained in managing [relative's] condition and they do this very well." Another said "The staff are very good, some of it is them and some of it must be training they have to undergo to look after the people here."

All the staff we met were confident in their work and were aware of the support needs of people using the service. The staff we spoke with said they received regular recorded one to one supervision, with their line manager and were able to discuss their performance, reflect on their practice, training and professional development. Staff had an annual appraisal of their work performance. Staff confirmed that they had appraisal meetings with their line manager. Staff meetings took place regularly and minutes we viewed showed staff had opportunities to discuss the support people received, what improvements could be made to the service, service development and any other issues or concerns that staff wanted to raise. Staff spoke positively about the support they received from the manager and deputy manager, they told us there was good teamwork and people received consistency in care as there was little staff turnover.

There was a rolling programme of training available and staff told us they felt they received the training they required relevant to their roles and responsibilities and to meet people's needs. Training information we viewed showed us that staff were up to date with their required training and refresher training was booked for those staff that needed it. Other training specific to people's assessed needs, such as epilepsy, managing behaviour that challenged and enteral feeding was provided for staff.

Staff we spoke with had a good understanding about people's rights, individual choices and decisions. Care records detailed people's ability to make decisions, where people did not have the capacity to make a particular decision, the service involved people's family or representative and other health professionals to ensure that decisions were made in the person's best interests. For example, one relative told us they had been involved in making a decision regarding a medical procedure that was required for their family member. The manager told us they were implementing a decision making agreement tool for all the people at the service with the involvement of people's relatives and other significant people involved in their care.

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 the manager and staff about their responsibilities in relation to the Mental Capacity Act (2005) and DoLS. The manager told us they had made applications to the local authority for authorisation for deprivations that were in place for some people. For example, where people required one to one support and the use of a listening monitor for a person who had epilepsy. There was one member of staff who was the Mental Capacity Act champion within the team. The role of the MCA champion was to provide advice to staff members on MCA and DoLS, cascade information and to remain up to date with any relevant developments within this area.

People were supported to have food and drink that met their needs and preferences. People's nutritional needs were assessed and reviewed regularly. We observed a lunchtime meal during our inspection and saw people enjoying the food that had been prepared. Staff supported people in a dignified manner explaining what food had been prepared and asking people if they liked it. Where people required less support staff encouraged them to be independent. For example, for one person staff loaded a spoonful of food and then the person ate the food independently. We checked the person's care plan which detailed the support we had observed.

Care plans detailed people's food preferences, the level of support individual people required, any risks associated with eating and drinking and the type of equipment people required to promote their independence. For example, some people had adapted cutlery, plate guard and a non-slip mat in place so that they could support themselves. People's nutritional needs were monitored to make sure these were being met. Their weights were monitored and we saw evidence of involvement of dieticians and the GP where weight loss had been identified. Records of food and fluid intake were also kept.

Good

Is the service effective?

People's health and welfare was monitored and they were referred to healthcare professionals as required. Care records confirmed that people had received input from healthcare professionals including GP, podiatrist, dentist, dietician, district nurse and psychiatrist, to ensure their healthcare needs were being met. For example, we saw that the staff were following guidance from the dietician and district nurse for a person who required assisted nutrition through a feeding tube into their stomach.

Relatives told us the staff were proactive in arranging GP appointments if their family member was unwell or there had been a change in their general condition. Staff described how each person had a health action plan in place which provided information on people's condition and how they were to be supported. We observed a staff handover during our inspection. We saw that staff provided detailed information on people's physical and mental wellbeing to the staff coming on duty. Records were kept of all healthcare appointments and their outcomes so that members of staff were aware of people's changing needs and any recurring problems.

Each person had a hospital passport. We saw that staff took this information with them when they were accompanying a person to the hospital during our inspection. The staff told us this was essential information that was required to help medical and nursing staff have a better understanding of that person's needs.

Good

Is the service caring?

Our findings

People were treated with kindness and compassion. Relatives told us the care was good and one commented that "Staff go beyond what is expected of them, they are very, very caring." Another said "It's exceptional the care they provide, I am amazed at how they enable people to have a fulfilling life." Another told us "The staff know [relatives] needs so well, they are sensitive and understand all the noises and gestures [relative] makes."

We observed positive and respectful interactions throughout our visit. People were relaxed in the presence of staff. Staff had a very good knowledge and understanding of people's needs, preferred routine, communication style and individual personalities. The majority of people at the service were unable to communicate verbally. Each person had a communication passport which included information on how they communicated using sounds, gestures, facial expressions and movements. Staff described the various methods people used to communicate their needs. For example, one person used body language to indicate they wanted to go to bed. Another person communicated to staff they were hungry by going into the kitchen.

We observed staff speaking and explaining things to people in a manner that was appropriate to their understanding. One relative told us "Even though [my relative] cannot speak or respond, I hear the staff talking with [my relative]." Another said "[My relative] has trust in the staff, if they did not you would see a difference in the way they behaved."

We saw that staff delivered care which promoted and protected people's diversity, dignity, privacy and independence. For example, all personal care was carried out in people's bedrooms or bathrooms with the door closed. Where people could mobilise independently the staff encouraged them to do so, ensuring that any equipment they required was within easy reach.

Staff spoke about caring for each person as a "unique individual". They were able to tell us about the importance of treating people with respect, maintaining their privacy and dignity in all areas of care provision. Pictorial signage was used throughout the home to provide information to people, for example there was information about what to do in the event of a fire. Pictures of the staff on duty were displayed for each shift, so that people knew which staff were looking after them.

Staff told us how they developed positive caring relationships with people. For example, they told us they always said goodbye to people if they were going out, saying hello when they returned and speaking to them during interactions. We observed staff welcoming a person who had returned from attending an appointment in the community.

People's relatives told us they were kept informed about changes with people's care and they felt fully informed. People were involved in their care as much they wanted to be. For example, some people chose to attend their review meetings whilst others did not, we saw that staff respected people's decisions.

Good

Is the service responsive?

Our findings

People's needs were assessed and care and treatment was planned and delivered in line with their individual plan of care. Staff responded to people's changing needs. Relatives told us the staff were responsive to people's needs and had contacted the relevant healthcare professionals when required, comments included "The staff telephone me no matter what it is, if [relative] has been to see the GP they let me know what happened." Another said "The staff had to take [relative] to the hospital, they telephoned me to let me know and then they called back when they had returned."

We looked at two people's care records. Each person had a person centred care plan, which provided clear guidance for staff on how people wanted their care and support to be provided. The care plans detailed what was important to the person, what goals they wanted to achieve and the support they required. For example, for one person we saw that they liked to wear costume jewellery and the staff ensured they wore this daily. For another person we saw that they liked spicy food and we saw that staff ensured this was provided at the lunchtime meal.

Care plans were kept under review and meetings were regularly held with people and their relative/ representative. Relatives we spoke with confirmed this. Comments from relatives included "I go to the review meetings, we discuss what has worked and what is not working. They send me a copy of the review so I know what we discussed" and "There are regular reviews, in addition to the reviews they tell me everything that is going on with [my relative]."

Each person also had a one page profile that contained essential information about the person and how they were to be supported. Staff told us these were particularly useful for bank and agency staff that worked at the service.

We saw that people were supported to maintain relationships with their families and other people that were important to them. Relatives we spoke with told us they were able to visit the service at any time. For example, we saw that people were supported to visit their family members outside of the home. Comments from relatives we received included "Sometimes I telephone them to tell them I'm visiting, other times I just turn up" and "They are very welcoming when I arrive, all the staff greet me and ask me how I am."

People took part in activities they enjoyed and wanted to participate in. Each person had an individual activity programme which included attending group activities at an activity centre adjacent to the service, individual activities within the community such as going out for lunch, walks, shopping and visiting family. The manager told us he was working with the activity centre to ensure the activities provided met people's individual needs. We saw people going out throughout the day during our inspection. Relatives and staff told us that people had a holiday each year, this included holidays abroad which were appropriate to the needs of people and their individual preferences.

People were made aware of the complaints procedure and this was provided in a format that met their needs. We saw complaints information displayed on the notice board in the main hallway. Relatives said they would speak with the staff on duty or the manager if they wanted to raise any issues and they were confident if they made a complaint they would be listened to and acted upon. Staff told us they were aware of the complaints procedure and were happy to support people to make a complaint. One staff member told us "The people here cannot speak up, so we have to speak up for them, we are their voice."

Requires improvement

Is the service well-led?

Our findings

There were quality monitoring systems in place however, these were not always effective in identifying areas where the quality of the service was not so good or used to make improvements. The provider's own quality assurance processes required the manager to complete a monthly manager's audit which was then sent to the service manager. We found that these had not been completed consistently and no manager audits had been carried out in October 2014, December 2014 and January 2015. An audit had been carried out in February 2015.

We viewed the service manager's audits for January 2014 and November 2014. The January audit identified that actions which were needed to address areas that required improvement following a health and safety audit had not been completed. The action plan was not comprehensive in that it did not have a clear timescale for completion.

The service manager audit carried out in November 2014 found shortfalls with the weekly testing of the fire alarm system. The fire safety policy stated that fire drills were to be carried out every quarter and weekly tests of the fire alarm system. However, actions were still not taken to address the shorfalls. The fire records we checked showed that in December 2014, January 2015 and February 2015 checks were not being carried out weekly of the fire alarm. Only two fire drills had been carried out in the year 2014. The above showed us that whilst the provider had governance arrangements in place, these were not always effective and placed people at risk of inappropriate or unsafe care and treatment.

The lack of comprehensive and effective systems to assess and monitor the quality of the service, was a breach of Regulation 10 (1) 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.

We saw that other audits were carried out to assess and monitor the quality of the service. These included audits of people's money, medicines, care plan audits, health and safety audits, key performance indicator information gathering, contract monitoring reports required by commissioners and staff training.

There was a registered manager, who had been in post at the service for over four years and was supported by a deputy care manager. All the relatives told us the service was well led and spoke highly of the manager and staff team. We found there was clear leadership and an open, transparent, positive and inclusive culture within the service. Staff were approachable and there was a clear sense of direction. Relatives comments included "I find the manager very good, he is on the floor, knows the people at the service and if I bring things to his attention he deals with them straight away." "The service is very well run, the manager is approachable, supports the staff, provides care and he does anything he can to make sure [relative] has a good and comfortable life." The manager fully understood each person's care needs, this was because he regularly worked alongside staff, observed care practice and could lead by example.

Staff told us they enjoyed working at the service and were committed to providing good quality care and support to people. They said people were placed at the centre of their care, enabled to make choices and decisions on how they wanted to live their life. They described how they were supported by the manager and the deputy manager and that the staff team worked well together to achieve this. Staff said they were valued, listened to and encouraged to share their opinions and ideas about improving the service. One member of staff said "The manager is very hands on. He is approachable and we can tell him when things are not working." Another staff member told us "It's very well run, there is good teamwork, a lovely homely atmosphere and no matter what happens the needs of the people here are number one."

Staff spoke positively and with passion about the vision and values of the organisation and described how these were embedded in all aspects of the service. For example, working closely with families, developing relationships, enabled to have control, choice and independence.

They confirmed they knew the procedure to follow if they wanted to whistle-blow and were confident the manager and provider would take action if they had any concerns.

From the records we viewed, speaking with staff and relatives we saw the service worked in partnership with other agencies to ensure people's health and social care needs were met. For example, we saw staff ensured that people had appropriate equipment to meet their needs such as a height adjustable beds and adapted wheelchairs by working with the district nurse and occupational therapist.

Requires improvement

Is the service well-led?

People and their families were asked for their views about their care and support and they were acted on. The registered manager and staff had regular contact with relatives and other professionals and had acted on any advice from this. Relatives told us they provided regular feedback through care plan review meetings, individual meetings with the manager and by occasionally completing a feedback questionnaire sent by the provider.

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	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance 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 assess, monitor and improve the quality and safety of the services provided. This was in breach of regulation 10(1)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.