

Support for Living Limited

Support for Living Limited - 79 Harrow View

Inspection report

79 Harrow View
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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 ●

Summary of findings

Overall summary

About the service

Support for Living Limited - 79 Harrow View is a care home registered for a maximum of nine adults who have mental healthcare needs. The home is a three storey, detached house with a small car park at the front and a garden at the back. The home is close to shops and transport links. At the time of our visit, there were eight people living in the home.

People's experience of using this service

People told us they were satisfied with the care provided. They stated that staff treated them with respect and dignity and they felt safe in the home. We observed that staff interacted well with people and were caring and attentive towards them. Staff made effort to ensure that people's individual needs and preferences were responded to.

Risk assessments had been documented. Risks to people's health and wellbeing had been assessed. There was guidance for staff on how to minimise risks to people.

Staff had received training on how to safeguard people and were aware of the procedure to follow if they suspected that people were subject to abuse.

People received their prescribed medicines. Staff had received medicines administration training and knew how to administer medicines safely.

Staff had been carefully recruited and essential pre-employment checks had been carried out. The home had adequate staffing levels and staff were able to attend to people's needs.

People were satisfied with their accommodation. The premises were clean and tidy. There was a record of essential maintenance carried out. Fire safety arrangements were in place.

Staff supported people to have a healthy and nutritious diet that was in line with their individual dietary needs and preferences.

The healthcare needs of people had been assessed. People could access the services of healthcare professionals when needed.

Staff had received training and had knowledge and skills to support people. The acting manager provided staff with regular supervision and a yearly appraisal of their performance.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the services supported this practice.

People's care needs had been assessed prior to them coming to the home and staff were knowledgeable regarding these needs. The service provided people with person-centred care and support that met their individual needs and choices.

The service was committed to encouraging people to be as independent as possible and finding innovative and creative ways to care and support people. We noted that there were examples of good practice where people had made improvements in their mental state and quality of life.

Staff supported people to participate in various activities within the home and in the community. They were provided with social and therapeutic stimulation.

There was a complaints procedure and people knew how to complain. Complaints recorded had been promptly responded to.

The service was well managed. Morale among staff was good. People said that management listened to them. Management monitored the quality of the services provided via regular audits and checks. The results of the previous satisfaction survey indicated that people were satisfied with the care and services provided.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: The last rating for this service was Good (published 11 April 2017).

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor the service through the information we receive.

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.
Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.
Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.
Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.
Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well led.
Details are in our well led findings below.

Support for Living Limited - 79 Harrow View

Detailed findings

Background to this inspection

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team: The inspection team consisted of one inspector.

Service and service type:

Support for Living Limited - 79 Harrow View is a 'care home'. People in care homes receive accommodation or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The home did not have a manager registered with the Care Quality Commission. The company was in the process of recruiting a new manager. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

Before the inspection

We reviewed information we held about the service. This included details about incidents the provider must notify us about, such as allegations of abuse, and accident and incidents. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This

information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service. We also spoke with the service manager, the acting manager and four care workers. We reviewed a variety of records which related to people's care and the running of the service. These records included care files of four people using the service, five staff employment records, policies and procedures, maintenance and quality monitoring records.

After the inspection

We received feedback from three care professionals.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The service had policies and procedures to safeguard people from abuse. Staff were aware of action to take if they suspected people were being abused.
- People told us that they were safe in the home. One person said, "I am happy here. It's alright here." Another person said, "They treat me nicely. They keep the place spotless."

Assessing risk, safety monitoring and management

- Risks to people's safety were assessed and recorded. Risk assessments included risks associated with behaviour which challenged the service, self neglect, and smoking. Risk assessments contained guidance for minimising risks to people. Staff we spoke with were aware of how to keep people safe from these risks.
- There were procedures in place for dealing with emergencies. Personal emergency evacuation plans (PEEPs) were in place for people. These contained information for supporting people in the event of a fire or other emergencies.
- The home had a fire risk assessment. Fire drills, emergency lighting checks and regular fire alarm tests had been carried out. The fire authority had inspected the home in the past year and their report indicated that fire safety improvements related to one person who smoked in their bedroom were needed. The home had responded and taken action to improve fire safety. This included regular checks of the bedroom concerned and the use of fire retardant curtains and linen. However, neither the fire authority nor the home's fire safety consultant had yet carried out a return visit to check if the arrangements were adequate. The service manager told us that this would be arranged.
- Records showed that a range of maintenance and safety inspections had been carried out by specialist contractors to ensure people lived in a safe environment. These included inspections of the fire alarm system, portable electrical appliances and electrical installations.
- Staff checked the hot water temperatures prior to people having a shower. This ensured that people were protected from scalding.

Staffing and recruitment

- The provider followed safe recruitment practices and had ensured appropriate pre-employment checks were completed satisfactorily before care workers were employed.
- The service had adequate staffing levels to meet the needs of people. People told us that staff were attentive towards them. Staff were able to complete their allocated tasks.

Using medicines safely

- Medicines were managed safely. Medicines administration records (MAR) examined indicated that people

received their medicines as prescribed. There were no unexplained gaps.

- Medicines were stored securely at the home. Staff checked and recorded the temperatures of the room where medicines were stored. This ensured that the temperatures were suitable for maintaining the quality of medicines stored.
- Weekly medicines audits had been carried out to ensure that procedures were followed, and improvements made when found to be needed.

Preventing and controlling infection

- The home was clean and there were no unpleasant odours.
- All staff had received infection prevention and control training. Protective clothing, including disposable gloves and aprons were available for staff.

Learning lessons when things go wrong

- There was a process in place for reporting incidents and accidents. Accidents and incidents had been recorded. Where appropriate, there was guidance provided to staff for preventing re-occurrences.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

At the last inspection this key question was rated as Good. At this inspection this key question remained Good. People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care plans showed that their needs had been individually assessed. Details of people's individual needs, including their daily routines, cultural, religious, dietary, relationship needs, and preferences were recorded. This ensured that their individual needs could be met by staff supporting them.
- People's care needs were regularly reviewed with them and care professionals involved. Care plans were updated when there were changes in people's requirements and preferences. People using the service confirmed that their care needs had been met.

Staff support: induction, training, skills and experience

- People were supported by skilled and competent staff. Staff had received a comprehensive induction. New staff had completed the Care Certificate. The Care Certificate includes a set of standards that staff should abide by in their daily working life when providing care and support to people.
- Staff records indicated that care workers had completed a range of training relevant to their role. Training included administration of medicines, food hygiene, infection control and safeguarding.
- Staff were well supported by management and there were arrangements for regular supervision and an appraisal of their performance. They told us that their managers were supportive and approachable.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care plans showed that their needs had been individually assessed. Details of people's individual needs, including their daily routines, cultural, religious, dietary needs and preferences were recorded. This ensured that their individual needs could be met by staff.
- People's preferences and choices had been responded to. For example, one person who liked enjoyed Art could attend Art classes. A second person who wanted to go on holiday abroad had this arranged for them.

Supporting people to eat and drink enough to maintain a balanced diet

- The nutritional needs of people were met. Nutritional needs had been assessed and there was guidance for staff on meeting the dietary needs and preferences of people. A person who needed specialist dietary advice had an appointment made for them.
- Staff had recently organised a session on healthy eating to provide guidance for people on how to improve their diet.
- People told us they were satisfied with the meals provided. One person said, "We have a good diet. We can also cook on some days."

Staff working with other agencies to provide consistent, effective, timely care

- Staff regularly engaged with social and healthcare professionals. This ensured that the needs of people can be met. Records of appointments people had with these professionals were recorded.
- Two care professionals told us that staff worked well with them to ensure people received the care they needed.

Adapting service, design, decoration to meet people's needs

- People's bedrooms were comfortable and well furnished. Bedrooms had been personalised with people's pictures and ornaments. This ensured that they felt at home. Window restrictors were in place to ensure the protection of people.

Supporting people to live healthier lives, access healthcare services and support

- There was detailed information in people's care files to inform staff about their health and general wellbeing. Guidance was available to assist staff care for people who had healthcare issues and needed special attention.
- Staff arranged appointments with healthcare professionals such as their GP, psychiatrist and psychologist when needed.
- A care professional said they found staff to be always professional, caring towards people and they worked well together.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- Care plans included detailed information about people's capacity, their mental state and any mental health issues they may have.
- Staff had received MCA and DoLS training. They were aware that when a person lacked the capacity to make a specific decision, people's families, staff and others including health and social care professionals would be involved in making a decision in the person's best interests.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as good. At this inspection this key question remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff had received training in ensuring equality and valuing diversity. They were also reminded in team meetings to show respect for all people.
 - Staff respected and supported people in meeting their diverse needs and were non-judgemental in their work. For example, two people wanted to prepare their cultural meals. Staff went shopping with them to get the ingredients so that they could prepare meals they liked.
 - One person whose health had deteriorated could not attend their place of worship. Staff liaised with official from the place of worship and arranged for them to receive additional support to continue attending.
 - On the day of the inspection, we observed positive interaction between people and staff. Staff spent time with people. They talked with people in a pleasant, respectful and friendly manner.
- One relative wrote, "There are not many places where staff are so good. The manager is very understanding." Parties were held to celebrate people's birthday. One person said, "We have just had a birthday party with a birthday cake."

Supporting people to express their views and be involved in making decisions about their care

- Staff held monthly meetings where people could express their views. This was confirmed by people and in minutes of meetings we saw.
- One to one sessions had been held between people and their key workers. This enabled people to discuss their progress and concerns they may have. One person said, "Yes, they have meetings with me – once a month."

Respecting and promoting people's privacy, dignity and independence

- People told us that staff protected their privacy. One person said, "They knock on my door before coming in."
- Staff told us that when providing personal care, they would close doors, not expose people excessively and if necessary close the curtains too.
- People were encouraged to be as independent as possible. This was confirmed by a care professional who said, "Residents receive person-centred support that will enable them to maximise their skills for either living more independently in the future, or when this is not possible, are supported to maintain the best possible quality of life." We saw that they could prepare drinks for themselves when they wanted to. One person told us that they also tidied their bedroom. Some people told us that they went out shopping and for walks.
- The manager provided us with examples of good practice. She stated that a person was anxious and

unsure about going out to visit a place they liked. Staff developed a good relationship with them and was able to assist this person visit the venue. Photos of their visit were provided. In addition, staff held a Dignity Day in February 2019 for people, their family, friends and local council staff. This event focussed on what dignity was and what it meant to different people.

- One care professional told us that staff engaged very well with people. A second care professional stated that staff were caring and said, "I feel they do a fantastic job of working in an empathetic manner and aiding their client in their recovery and encouraging independence."

- Further examples of the caring and innovative approach of staff were provided by the manager. She stated that one person could not cook for themselves. Staff discussed their needs and assisted this person to meet their goal of being able to cook. This person can now cook meals he liked. A second person had behaviour which challenged the service and her bedroom was often untidy and full of clutter. Staff encouraged this person to keep their bedroom tidy. Consequently, this person's bedroom was kept tidy. Staff continued to provide positive reinforcement by explaining the benefits of keeping the room tidy and uncluttered.

- A care professional told us staff were always responsive to people's needs and proactive in ensuring best practice guidelines were followed. This professional said good practice was demonstrated recently when staff worked with healthcare professionals to assist a person who experienced frequent falls. Staff moved the person to a ground floor room with their agreement, purchased a falls alarm and suitable footwear. This had minimised the risk of future falls.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as Good. At this inspection this key question remains as good. People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care and support. Care plans detailed people's individual needs and included guidance about how care workers needed to support them. Staff were knowledgeable about each person's needs and were able to bring about improvements in people's mental state and improve their quality of life.
- We discussed with two staff the care of people with behaviour which challenged the service. They informed us that they would ensure that people were safe. They would provide reassurance and try to calm the person concerned. If necessary, they would activate the emergency alarm and also seek medical assistance.
- Information about people's personal histories and their individual backgrounds were recorded in people's care records. Staff knew how to assist people to follow their religious and cultural observances. They told us how they supported a person to eat food that was in line with their religious requirements and enable them to attend their chosen place of worship.
- The home had a programme of specific activities for each person depending on their interests. This included cooking, eating out, arts and crafts sessions, walks in the park, shopping and outings to places of interest.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The home had a procedure for meeting this standard and the manager stated that this standard has been discussed with staff. Certain important documents were in pictorial form so that people could understand them easily. This was evidenced in the care plans, menus and activities timetable. In addition, each person's care record contained a communication section with information regarding how to effectively communicate with people.

Improving care quality in response to complaints or concerns

- The home had a complaints procedure which was on display on the noticeboard.
- People received personalised care and support. The service had a formal complaints procedure which was on display in the home. Complaints recorded had been promptly responded to. People told us that they knew how to complain. One person said, "I can speak to the manager if I have any concerns."

End of life care and support

- The service was not currently providing end of life care. The service had an end of life policy to provide

guidance for staff.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good. The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff spoke positively about the management of the service. They informed us that there was good communication and they worked well together. Monthly staff meetings had been held where staff could express their views and receive updates regarding the care of people.
- People and their relatives were positive about the way the home was run. One relative wrote, "The home is 100 percent well managed. They consult with me and keep me informed."
- A staff member wrote, "I have never experienced a team working together as one like our team. There were many occasions during these months that were challenging for the team. Our service went through many changes, but it was amazing to see how the whole team would come every day to work with positive energy and the attitude that whatever the day brings we will handle it."

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The acting manager was aware of the importance of being open, honest and transparent in relation to the running of the service and of taking responsibility when things go wrong. The acting manager knew when she needed to report notifiable incidents to us.
- Care documentation and records related to the management of the service were well maintained and up to date.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People who used the service had opportunities to feedback about the care provided. Completed feedback forms indicated that people were mostly satisfied with the services provided.
- People's diverse and individual needs had been met. One person stated that they had vegetarian meals. Other people were able to continue with their religious and cultural observances such as attending places of worship and having meals which met their religious needs.
- Three care professionals stated that staff worked well with them to ensure that the needs of people were met. One of them stated that staff were "extremely competent, and as a result I have recommended this service to my colleagues when vacancies arise at this unit".

Continuous learning and improving care

- The service had a quality assurance system of checks and audits. Audits took place monthly and were

carried out by the registered manager. These audits included areas such as medicines management, maintenance and cleanliness of the home, health and safety and accidents. Outcomes of audits were discussed with management and staff so that action could be taken to improve the service.