

Strone Supported Living Ltd

Strone Supported Living

Inspection report

8 Larch Close
London
E13 8SF

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21 March 2018
26 March 2018

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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

Strone Supported Living Service provides care and support to people living in 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Strone supported living supports people with mental health issues in short term recovery and move on work, some of whom may have a learning disability. At the time of this inspection three people were using the service who received personal care.

This inspection took place on 21 and 26 March 2018 and was announced. This was the first inspection the service had since first registering with the Care Quality Commission in 2017.

There was a registered manager in post. 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.

Staff were knowledgeable about safeguarding and whistleblowing procedures. The provider had safe recruitment processes in place. There were enough staff on duty to meet people's needs. Risk assessments were carried out to mitigate the risks of harm people may face at home and in the community. There were systems in place to ensure people received their medicines as prescribed. People were protected from the risks associated with the spread of infection. The provider analysed accidents and incidents and used this information as a learning tool to improve the service.

People had a comprehensive assessment to ensure the provider could meet their needs. New staff received an induction and were offered ongoing training during their employment. Staff were supported with regular supervisions and annual appraisals to ensure they could deliver care effectively. People were supported to eat a nutritionally balanced diet and to maintain their health. The provider and staff knew about their responsibility to obtain consent from people before delivering care.

Staff knew about people's care needs and described how they developed caring relationships. The provider included people in decision-making and in their care planning. Staff were knowledgeable about equality and diversity. People were supported to maintain their independence and their privacy and dignity was promoted.

Care records were personalised, contained people's preferences and the goals they wanted to achieve. The provider reviewed people's care plans regularly to ensure care was delivered appropriately. Staff understood how to deliver a personalised care service. The service had a complaints procedure and people knew how to make a complaint.

People and staff spoke positively about the registered manager. The provider obtained feedback from people about the quality of the service in order to make improvements where needed. Staff had regular meetings to keep them updated on training and good care practice. The provider worked jointly with other agencies and had plans to expand on this further. The provider carried out regular observations of staff working to monitor the quality of the service being delivered.

We have made one recommendation about the effective use of quality assurance systems.

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 what actions to take if they suspected a person was at risk of harm. People had risk assessments in place to mitigate the risks they face at home and in the community.

The provider had safe recruitment processes. People received their medicines as prescribed. The provider had systems in place to protect people from the risk of the spread of infection. Records of accidents and incidents were analysed so staff could learn from them and improve the quality of the service.

Is the service effective?

Good ●

The service was effective. People had a robust care needs assessment before they began to use the service.

Staff were supported with training opportunities, regular supervisions and an annual appraisal in order to provide people with effective care.

People were supported to meet their nutritional dietary needs. Staff were knowledgeable about obtaining consent before delivering care.

Is the service caring?

Good ●

The service was caring. Staff described people's care needs and how they developed caring relationships. People were involved in their care planning and decision-making.

Staff demonstrated they knew about meeting people's equality and diversity needs. People's privacy and dignity was promoted and their independence maintained.

Is the service responsive?

Good ●

The service was responsive. Care plans were personalised and contained people's preferences. People were supported to attain

their goals.

The provider was aware of providing information to people in line with the Accessible Information Standard.

People knew how to complain and the provider kept a record of complaints that were made.

Is the service well-led?

The service was well led. Staff and people who used the service spoke positively about the registered manager. The provider had a system of obtaining feedback from people who used the service.

Staff had regular meetings with the provider to be updated on good care practices. The provider carried out regular unannounced visits to observe staff working.

The provider worked in partnership with other agencies to ensure people's needs were met.

Good ●

Strone Supported Living

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 was planned to check 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 21 and 26 March 2018 and was announced. The provider was given one day's notice because the location provides personal care and support to adults in different supported living settings. We needed to be sure somebody would be available at the registered address to talk with us. This was the first inspection of this service since they became registered. One inspector carried out this inspection.

Before the inspection, the provider completed 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 the evidence we already held about the service including notifications the provider had sent us. A notification is information about important events which the service is required to send us by law. We also contacted the local authority to obtain their view about the service.

During the inspection we visited the registered location and two of the supported living services. We spoke with three staff included the registered manager and two care staff. We also spoke to two people who used the service, reviewed three people's care records including risk assessments and care plans. We reviewed three staff records including recruitment, training and supervision. We looked at records relating to how the service was managed including medicines, policies and procedures and quality assurance documentation.

Is the service safe?

Our findings

People told us they felt safe using the service. The provider had safeguarding and whistleblowing policies which gave clear guidance to staff on how to raise concerns if they suspected abuse. There had been no safeguarding incidents since the service became registered.

Staff were up to date with safeguarding adults training and demonstrated they know how to report abuse. One staff member told us, "First I need to make report to my manager and write in the log book. Whistleblowing is if something happens we have the choice to report to the manager or to social services and CQC." Another staff member said, "I would report it [safeguarding concerns] to the manager or the supervisor. Whistleblowing is when there's something wrong you can report to the manager, the doctor, the family or to CQC." This meant the provider had systems in place to safeguard people from abuse or harm.

People had risk assessments as part of their care plans regarding their care and support needs and accessing the community. Risk assessments included clear actions for staff to mitigate the risks. People's risk assessments included behaviour which may challenge the service, self-neglect, community visits, general hygiene, refusal of medicines and nutrition.

For example, for one person who had angry behaviour the risk controls stated, "Encourage [person] to relax and try to keep calm. Staff to follow behavioural management plan and documentation." This person's behavioural management was comprehensive and gave clear instructions to staff on how to ensure everybody's safety when this person's behaviour escalated. We noted risk assessments were reviewed at least every three months. This meant the provider had taken steps to mitigate risks that people might face.

The provider had a process in place for recruiting staff that ensured relevant checks were carried out before someone was employed. For example, staff had produced proof of identification, confirmation of their legal entitlement to work in the UK and the provider had obtained written references. New staff had criminal record checks to confirm they were suitable to work with people and the provider had a system to obtain regular updates. This meant a safe recruitment procedure was in place.

People and staff confirmed there were enough staff on duty to meet care needs. Records confirmed this. People were able to access the community independently but there was always a staff member available at their house if they needed assistance.

We checked the medicine administration records (MARs) and saw appropriate arrangements were in place for recording the administration of medicines. Staff had signed to say the medicines had been administered. There were no gaps in signatures indicating people had received their medicines as prescribed. Records showed medicines were given to people by appropriately trained and competent staff. The provider had a medicines policy which gave clear guidance to staff of their responsibilities regarding medicines management.

Staff carried out medicine stock checks every week and when the monthly medicines were delivered. These

records were up to date with no issues identified. This meant the provider had a system in place to ensure that people received their medicines safely and as prescribed.

The provider had an infection control policy which gave guidance to staff on how to prevent the spread of infection. Records showed staff had received training in infection control. Staff confirmed they received adequate amounts of personal protective equipment including gloves and aprons to provide care. This meant people were protected from the risks associated with the spread of infection.

The provider kept comprehensive records of accidents and incidents within the service and analysed these to see if the staff could learn lessons from these. Records of accidents were usually the result of incidents of behaviours which challenged the service and risk assessments were reviewed in line with this. This showed the provider had a system for lessons to be learnt from accidents and incidents.

Is the service effective?

Our findings

People had a comprehensive assessment of their care needs before they began to use the service. Information had been captured about people's culture and religion, relationship needs, health care needs, involvement of other agencies and the level of support needed. For example, one person's assessment of communication needs indicated the person needed time to understand what was being said to them and staff should explain difficult words. This meant the provider ensured they could meet the person's needs before accepting them into the service.

Staff confirmed they received induction training which included shadowing more experienced staff. The registered manager told us new staff completed the care certificate once they were confirmed in post. The Care Certificate is training in an identified set of standards of care that staff are recommended to receive before they begin working with people unsupervised. Records showed that five staff members had completed the Care Certificate and four staff members were in the process of working towards obtaining the Care Certificate.

The registered manager told us staff received annual face to face refresher training. Staff confirmed this was the case. One staff member told us, "Every year we have face to face training." Training records showed staff were up to date in safety related training including health and safety, first aid, and fire safety. Staff had received training in epilepsy, mental health awareness and challenging behaviour. Staff also had the opportunity to work towards obtaining the different levels of the Qualification and Credit Framework (QCF) in Health and Social Care. The aim of the QCF is for staff to become more effective when performing their duties at work. This meant the service was provided by suitably qualified staff.

Records showed staff received regular supervisions in line with the provider's policy. Staff confirmed this was the case and they found them useful. Topics discussed during supervision meetings included training, work standards, feedback from people using the service, people's care needs, policies and procedures and the staff rota.

Staff also had an annual appraisal where the staff member's achievements over the last year were discussed. Other topics discussed during appraisals included attendance, attitude, time management and goals were set for the next twelve months. The above meant staff were supported to carry out their role effectively.

People told us staff supported them with meal preparation and food shopping. Staff were knowledgeable about people's dietary requirements. One staff member told us, "People have choices with food all the time. We have different people from [different ethnic groups]. We can advise people to eat more vegetables and drink more water." Another staff member said, "[People] have got their own choice of food." This staff member gave examples of people who preferred vegetarian meals and a person who chose not to eat sweet things but ate fruit instead. Care records contained people's nutritional preferences. This showed people were supported to consume nutritionally balanced food of their choice.

Staff told us there were effective communication systems within the service and they were kept updated of important events or changes. One staff member told us, "We have the communication book which we check when we start duty on shift and the phone." Another staff member said, "Staff do communicate everything with each other. [Messages are] written in the communication book." This demonstrated there was a system in place for staff to be kept informed of changes in people's needs.

People had access to healthcare as required. Care records contained the outcome of blood tests, x-rays and scans. Health records showed the outcome of appointments with the dietitian, psychiatrist and specialist consultants. Records showed that one person had recently had a referral made to the occupational therapist to seek advice on supporting the person to increase their independence. People with specific health conditions contained guidelines for staff on how to respond to symptoms. This meant people were supported to maintain their health.

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. When people are using services in the community, the Court of Protection has to agree to any restrictions on people's liberty. We checked whether the service was working within the principles of the MCA.

At the time of this inspection there was nobody using the service who had their liberty deprived by the Court of Protection. Each person using the service had their own front door key and could leave their house independently. People had signed their care plans by way of agreeing to receiving care.

Staff understood the need to obtain consent from people using the service before delivering care. One staff member told us, "I ask for consent whenever a [person] needs support." Another staff member said, "When there is something I need to do in the house or I need them to do, I knock on the door and ask for their permission."

Is the service caring?

Our findings

People who used the service told us staff were kind and caring. The services we visited had a warm, relaxed and calm atmosphere. We saw one person laughing and joking with staff.

Staff described how they knew people's care needs. One staff member told us, "The manager will introduce [person] and tell us everything about them. We get to know [person] by communication and by talking to them. I read their care files." Another staff member said, "I read [person's] file and speak to them." This showed staff were aware of how to develop caring relationships with people who used the service.

The registered manager and staff were knowledgeable about including people in their day to day care. The registered manager told us, "We consult [people who used the service] in everything that is happening around them." One staff member said, "Every [person] has the right to make choices to do something. If they have choices and wishes they can be made possible." Another staff member explained they gave people choices and gave an example of meal choices. This staff member told us, "I will show everything on the table and they can choose." This demonstrated staff included people in decisions about care.

The provider had an equal opportunities policy and a human rights policy which gave clear guidance to staff on what was expected of them with respect to people using the service and other staff members. Staff were knowledgeable about equality and diversity.

The registered manager told us, "We always treat people as individuals with equal rights. When I do spot checks. I talk to the staff to check how they are supporting [people] and how they are engaging them. [People who used the service] know their rights better than we do. They are so empowered these days. We do discuss it [equality and diversity issues] on a daily basis, particularly human rights." Care records showed that one person maintained contact with their culture and religion through regular visits to their family.

Staff demonstrated they knew about equality and diversity. One staff member said, "I think [people] have to be treated the same but we have to respect their culture." Another staff member told us, "We must follow the care plan. Every person has the right to make choice to do something. We do the best we can do."

We asked the registered manager and staff how they would support people who identified as lesbian, gay, bisexual or transgender (LGBT). One staff member told us, "Everyone is an individual, we would welcome them." Another staff member said, "I would welcome [person who identified as LGBT]. I would treat them equally. I would give them a warm welcome and show them how not to feel out of place." The registered manager told us, "[LGBT] should not be issue in this day and age. We do explore relationship needs at the assessment." Care plans confirmed this was the case. The above demonstrated staff were knowledgeable about equality and diversity.

The provider had policies about privacy and confidentiality which gave clear guidance to staff about promoting people's privacy and dignity, Staff were knowledgeable about these policies. One staff member said, "We don't talk about [people's] private business outside of their house. Every individual has their

private individual space and we treat them with dignity." Another staff member told us, "I close the door, close the curtains and take a towel to cover them. [Person] can take their time." This meant people's privacy and dignity was promoted.

The nature of the service was that people were assisted to gain enough skills and confidence to move onto more independent living. The registered manager told us that two people had recently moved into their own flats with less support. During our visit to the supported living schemes we observed people went out independently to their chosen activities. One person told us, "They let me do my room on my own." A staff member told us, "They can do themselves whatever they want and are able to do." Another staff member said, "If a person wants to go somewhere or buy something themselves, of course, they are encouraged to do that." This showed people were supported to maintain their independence.

Is the service responsive?

Our findings

Staff knew about people's care needs and preferences. One staff member told us, "[People who used the service] tell me, as the carer, how they want their care." Care plans were personalised and contained people's likes and dislikes. One person's care plan indicated they liked going to church, writing letters, listening to music, singing, and visiting their [family member]. We noted this person walked around their home singing songs and the staff member supporting them sang with them. This showed there was a good rapport between the person and the staff member and created a happy atmosphere.

Care records included outcomes the person wanted to achieve. One person's care plan indicated their goal was to be able to cook independently and safely. The actions included, "I am going to buy a machine that chops onions and tomatoes in order to manage the risk and avoid the use of sharp knives." Although this purchase had not yet been made, the plan set out how this was going to be achieved. This person told us, "[The support] is helping to build myself up so I can get a place of my own. Giving me more confidence."

Records showed care plans were reviewed every three months or sooner if a person's needs changed. The above showed the provider was knowledgeable about providing care in line with people's preferences and changes in needs.

Providers must evidence they record, flag and meet the accessible communication needs of service users. At the time of this inspection there was nobody receiving a service who required information in an accessible format. The registered manager told us they had not done anything to make sure they were compliant with the legislation. However, we noted there were pictorial posters in kitchen areas about kitchen hygiene and food preparation and storage. The registered manager also told us that objects of reference were used with people who had communication difficulties.

One person told us they had not made any complaints. This person told us if they were not happy with the service, "I would talk to one of the staff." Another person using the service said if they were not happy with the service they would speak with the registered manager. Staff described the action they would take if somebody wanted to make a complaint.

The provider had a complaints procedure that gave clear guidance to staff on how to handle complaints. There was an easy read version of the complaints policy and complaints form available to help people who used the service to understand the process.

We noted two complaints had been made since the service became registered in February 2017. Records showed complaints were dealt with appropriately and within the provider's timescales.

The complaints records documented the action that was taken, the outcome of the complaint and if any further action was needed. There was also a section where lessons learnt were recorded so the service could reduce the risk of the situation occurring again. This meant the provider had a system to use complaints to improve the service provided.

At the time of this inspection there was nobody receiving end of life care. The service was currently aimed at younger adults who were aiming to move on to more independent settings. The registered manager told us as part of the service development they planned to liaise with outside local agencies to provide staff with training in end of life care so that within the next year they would be able expand and offer this type of service to new people.

Is the service well-led?

Our findings

There was a registered manager at the service. People gave positive feedback on the registered manager. One person told us, "The manager is great." Another person said, "[Registered manager] is all right. She's very easy to talk to."

The registered manager told us they had an open door policy. They told us, "Through talking to the staff and through meetings, they are free to say something that helps to improve the service." Staff told us they felt supported by the registered manager. One staff member said, "[Registered manager is a good leader. That's why I'm here six years." Another staff member told us, "I do feel supported. [Registered manager] is a good leader."

The registered manager told us they were in the process of exploring the best method to obtain feedback about the service. They said, "We have tried to give [people] questionnaire surveys but they don't always fill them out. We always inform them of whatever steps we are going to take." The registered manager showed us the comments box they had introduced and explained they were still trying to encourage people to make use of these.

The provider had completed an analysis of the feedback survey in 2017 which was carried out with people who used the service and their representatives. We saw that they had given out seven surveys and received five back completed. The outcome of the survey was that 100% of people gave positive feedback. We noted 85% of respondents strongly indicated the service was well led and 80% of people strongly indicated that staff were caring.

People had chosen to have one to one meetings with staff rather than group meetings. Records showed people were able to raise any issues they may have or state if they were happy with the service at these one to one meetings. The above meant the provider had systems to receive feedback in order to improve the quality of the service provided.

The provider held meetings for staff two or three times a year. We reviewed the minutes for the two most recent meetings held on 25 October 2017 and 9 March 2018. Topics discussed included the welfare of the people using the service, medicines, supervisor duties, cleanliness and praise for staff who had completed the care certificate. This meant the provider had a system to keep staff updated on training and good care practices.

The registered manager carried out monthly unannounced spot checks on the work of individual staff. Records showed these checks were done more frequently for new staff whilst they completed the probationary period. The spot checks included punctuality, personal appearance, politeness, respectfulness, ability to carry out care and knowledge. The registered manager gave a rating of good, satisfactory or poor as a result of these checks and documented the action needed to improve the rating. For example, we saw two staff had been given a satisfactory rating for knowledge and skills at their last spot check so the action was for them to update their knowledge and read the policies. This meant the provider

had a system to monitor the quality of the work carried out by staff.

The registered manager told us they were in the process of recruiting a deputy manager to assist with the day to day management of the service. The provider planned to introduce, within the next twelve months, a 'care champion' system where a designated staff member would be responsible for assessing the quality of the care plans. The registered manager told us they carried out spot checks of medicine administration records but did not currently document the outcome of these. We recommend the provider seeks advice and guidance about effective quality assurance systems.

The provider worked in partnership with other agencies to ensure people's needs were met. The registered manager told us they worked in partnership with the community mental health team and the learning disability team to ensure people received joined up care. The registered manager also told us they were planning, through the provider forum, to build up links with other organisations that promote and guide best practice in order to train staff and drive improvements within the service.