

Homely Supported Living Ltd

Homely Supported Living

Inspection report

62 George Road
London
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Tel: 07479736436

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20 November 2019

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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

Homely Supported Living is registered to provide personal care and support to people with a learning disability, autistic spectrum disorder and/or a mental health condition. At the time of the inspection the service was providing personal care and support to one person living in a supported living setting.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

People's needs were met safely by suitable staff who knew how to safeguard them from the risk of abuse and harm. People were protected from the risk of infection. Their medicines needs were met safely by staff. Accidents and incidents were investigated, and lessons learnt to minimise future occurrence.

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 service supported this practice.

People's needs, and choices were assessed before they started receiving care. People's needs were met by staff who were well trained and received regular supervision. People were supported to access ongoing healthcare services.

People were supported by staff who were caring, respectful and knew how to provide a non-discriminatory service. People's freedom was respected, and independence encouraged. People were supported by the same team of staff.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them

having as many opportunities as possible for them to gain new skills and become more independent.

People received person-centred care and their care was planned in a personalised way. Staff were informed about people's personal and changing needs. There were appropriate complaint's processes in place to investigate and learn from complaints. There were systems in place to support people with end of life care needs.

The service was well managed. People, relatives and staff told us the registered manager was approachable. Staff felt well supported. There were robust auditing and evaluating systems in place to drive improvement. The registered manager worked with other agencies to improve the service.

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

Rating at last inspection

The service was not rated at the last inspection (published 17 October 2019).

Why we inspected

This was a planned comprehensive inspection based on CQC's scheduling process to check the safety and quality of care people received.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

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.

Homely Supported Living

Detailed findings

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 was carried out by two inspectors.

Service and service type

Homely Supported Living provides care and support to people living in one supported living setting, so 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.

The service had a manager registered with the Care Quality Commission. This means that they 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

We gave a short period notice of the inspection because some of the people using it could not consent to a home visit from an inspector. This meant that we had to arrange for a 'best interests' decision about this.

Inspection activity started on 20 November 2019 and ended on 26 November 2019. We visited the office location and one supported living scheme on 20 November 2019. We spoke to a relative on 26 November 2019.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection. The provider was not asked to complete a provider information return prior to this

inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We visited one person who used the service and observed interactions between them and staff. We spoke with three members of staff including the registered manager and care staff.

We reviewed a range of records. This included one person's care records, their medication records. We looked at five staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with one relative about their experience of the care provided.

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 not rated. At this inspection this key question has now been rated as good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The were safeguarding and whistleblowing procedures in place to safeguard people from the risk of abuse and poor care.
- Staff were knowledgeable about types and signs of abuse and the actions they were required to take if they noticed any concerns. A staff member said, "If we detect abuse, we report it to the manager. If they don't do anything or take [appropriate] actions, we can take it further, to the CQC, the police, local authority."
- There had been no safeguarding concerns since the last inspection.

Assessing risk, safety monitoring and management

- Risks associated with the person's health were identified, assessed, mitigated and regularly reviewed to ensure they received safe care.
- The relative told us the person was safe with staff and they found staff trustworthy and reliable.
- Risk assessments were comprehensive and covered areas such as mobility, personal care, eating and drinking, behaviour, travelling and accessing the community. Staff were provided with enough information on how to meet the person's needs safely.
- Staff knew risks to the person and how to mitigate these. A staff member said, "When we go out [person] does try to run away, because of this [person] is on two to one [staffing]. We make sure to walk side by side and arm in arm with [person]."

Staffing and recruitment

- The provider followed appropriate recruitment procedures to ensure the person was supported by enough and suitable staff, to meet their needs safely. Our observations, staff rotas and the relative confirmed this.
- Staff personnel files had all the necessary recruitment paperwork and checks. This showed staff employed to support people were safe, skilled and of good character.
- Staff told us there were enough staff to meet the person's needs. They told us, our observations and rotas confirmed an extra staff member was rostered on to enable the person to engage in activities in the community.

Using medicines safely

- The provider had processes in place to ensure people received safe medicines support.
- The relative told us, and records confirmed staff were trained in medicines administration and provided safe medicines support.

- We reviewed medicine administration records and found they were appropriately completed. The person's care file had an up-to-date medicines risk assessment and care plan.

Preventing and controlling infection

- The provided followed appropriate infection control procedures to prevent and control infection.
- Staff were trained in infection control and used suitable aprons and gloves when providing care.

Learning lessons when things go wrong

- The registered manager took actions when things went wrong. They learnt and shared lessons to minimise future recurrence. Records confirmed this.
- Staff told us they discussed lessons learnt in staff meetings and where necessary, they improved their processes and the way they provided care. They further said they found the process valuable.

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 not rated. At this inspection this key question has now been rated as good. This meant 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 needs, and choices were assessed before they started receiving care. Records showed the registered manager asked people about their healthcare needs, abilities, likes and dislikes, daily routines and how they wanted to be supported.
- The process was inclusive and involved people, relatives and professionals. The information allowed the provider to determine staffing levels, training needs and whether they were able to meet people's needs.

Staff support: induction, training, skills and experience

- Staff told us, and records confirmed they were provided with an induction, refresher training, regular supervision and annual appraisal to enable them to provide effective care.
- Staff commented training was good. They were trained in areas such as health and safety, managing challenging behaviour, Autism and learning disability and Makaton. Makaton is a language programme that uses symbols, signs and speech to enable people to communicate.
- The behavioural therapist recently trained staff on how to support the person with their behavioural needs. A staff member said, "The training has been helpful. We now understand [person's] triggers better. For example, [person] hates any changes, strangers and seeing used tissues."

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

- The relative said staff knew the person who used the service well and met their dietary needs.
- Staff supported and encouraged the person to eat a nutritionally balanced diet. The weight monitoring charts showed the person had gained and sustained weight.
- The person's care file contained a detailed diet plan. This plan provided staff information about the person's dietary needs, food likes and dislikes, and how they wanted to be supported.
- Staff knew the person's likes and dislikes. Comments included, "[Person] will tell you when and what [person] wants to eat and drink" and "[Person] likes tea with milk and sugar, toast, pizza, apple crumble and custard."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The registered manager and staff worked well with healthcare professionals such as clinical behavioural specialist, doctor, optician and dentist to ensure the person received timely and consistent care.
- The person had a health action plan in place. Staff encouraged the person to live a healthier life by assisting them in following their health action plan. They also had a hospital passport which contained key

information about them should they be admitted to hospital.

- Staff recorded in daily care logs how they supported the person with their personal care, behavioural, social care, and dietary needs. This enabled staff and the registered manager to monitor the person's health and provide effective care.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- There were systems in place to assess people's mental capacity to consent to care. The person's care plan informed staff on whether or not they had capacity and how to involve them in decision making and encourage them to make choices.
- Where people lacked mental capacity to consent to care, the provider knew the procedures they were required to follow to ensure decisions were made in people's best interests.
- Staff asked the person for their consent before providing care and gave them choices.

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 not rated. At this inspection this key question has now been rated as 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

- At the inspection, we saw the registered manager and staff supported the person with compassion. They were patient with the person and supported them thoughtfully.
- The relative told us staff were caring and helpful.
- Staff told us they provided a non-discriminatory service and treated people as individuals. A staff member said, "We respect their choice, the gender they are. If I am working with a lesbian, I will respect her belief and the way she wants to be and the way she wants to dress."
- The person's care records reflected their needs in relation to their protected characteristics including religion, culture, language, gender and sexuality. This enabled staff to provide person-centred care.

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

- The person was asked about their views and encouraged to make decisions about their care. Staff did this by presenting information to the person that was accessible to them and easy to follow and understand.
- The registered manager and staff involved the relative and relevant professionals in the care planning process. A staff member said, "We work with the [relative] and therapists to get to understand [person's] background and [person's] behaviour connected to that. This helps us to support [person] in a more person-centred way."
- Care records showed the person and their relative were asked for their views and were involved in making decisions about their care and support.

Respecting and promoting people's privacy, dignity and independence

- The person was supported by the same team of staff which ensured the continuity of care. This enabled staff to gain a thorough understanding of the person's needs and develop trusting relationships.
- The relative told us and our observations confirmed staff respected the person's privacy and provided dignity in care.
- Staff knew the importance of dignity and respect. A staff member said, "We respect [person's] privacy. [Person] has their own bedroom and bathroom. We do what [person] wants to do. We close the bathroom door to give her privacy. We ask if we could assist in cleaning, but if [person] doesn't want to we wouldn't."
- Staff supported the person's independence by encouraging them to do things that were safe for them such as tidying their bedroom, baking, gardening, choosing what to wear, selecting things at the shop and paying money at the counter.

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 not rated. At this inspection this key question has now been rated as good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The registered manager and staff planned and provided care to ensure the person had choice and control over their care.
- Staff knew the person's wishes and how to provide person-centred care. Comments included, "It is about [person], [person's] likes and dislikes, what is important to [person]. We provide care keeping [person] in mind" and "We follow [person's] lead and what [person] wants to do."
- The person's care plan was person-centred and regularly reviewed. They informed staff about the person's background, goals, needs and abilities, medical history and care outcomes.
- The person's care file included a one-page profile. This gave information about what was important to the person, their likes and dislikes, their preferred routine and how they would like to be supported.
- The person's care plan also included their positive behavioural management plan. This gave staff information on triggers, signs and actions they were required to take to support the person when they displayed behaviour that challenged staff and other people.
- This showed the provider had systems in place to enable staff to meet the person's personal needs.

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 care plan was in an accessible format. They contained information for staff about people's individual communication needs and on how to communicate effectively with people.
- All information displayed in the person's flat to encourage their independence was in an accessible format. This enabled the person to understand and use the information.
- Staff were knowledgeable about the person's preferred communication methods and our observations confirmed they communicated with the person as per their wishes.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff worked closely with the person to identify their areas of interest and assisted them in developing an activity plan. This enabled them to avoid social isolation.
- The person was supported to participate in a range of indoor and outdoor activities. Their activity plan included activities such as trampoline, car ride, foot spa, shopping trip, baking, art and craft, playing music and house chores.

- The person's relatives visited them regularly to spend quality time with them. This encouraged and enabled the person to maintain their relationships.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and processes in place to record, investigate and learn lessons from the complaints.
- The relative told us, "I have no concerns. I haven't needed to make a complaint."
- Staff told us they encouraged the person and the relative to make complaints. A staff member commented, "We ask [person and the relative] to make complaints. We strongly believe we provide a good quality of care. If a complaint was made, the management will ask us what happened, we [apologise] and then [we] learn from [mistakes]."

End of life care and support

- The provider had an end of life care policy and systems in place to support people with end of life care and palliative care needs. However, currently no one was being supported with end of life care needs.
- The registered manager had developed an end of life care wishes form in an accessible format to meet people's diverse communication needs. They told us they would use this form to discuss with people and their relatives regarding their end of life care wishes.

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 not rated. At this inspection this key question has now been rated as good. This meant 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

- The registered manager operated an open and inclusive culture where staff were encouraged to share their ideas and views to achieve positive outcomes for people.
- The relative told us the registered manager was approachable and easy to talk to.
- Staff felt supported and listened to. Comments included, "[Registered manager] listens to us. [Registered manager] ask us for our opinions and views" and "I feel supported and can raise any concerns or issues with [registered manager]."
- Staff told us they worked as a team. One staff member said, "We work well as a team and support each other as need to at times."
- The registered manager carried out bi-monthly staff meetings where they discussed people's needs and how to improve the care, updated them on any changes, discussed safeguarding and whistleblowing procedures and record keeping. Staff told us they found these meetings useful.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities in relation to duty of candour. They said, "I have to be honest and transparent if something goes wrong and to keep records. To notify of any issue and to apologise to the family and the person, share it with the safeguarding team, the local authority and the family."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was clear about their role in providing care that met the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. They were aware of the statutory notifications they needed to submit to us by law.
- There were policies and procedures in place relevant to the service, and to ensure the safety and quality of the care delivery.
- The registered manager carried out monthly audits and spot checks to monitor staff timekeeping and to ensure the person received care as per the agreed care plan.
- There were records of internal audits of care plans, risk assessments, daily care records, staff files, health and safety and infection control. Records showed actions were taken when issues were identified.
- This meant the registered manager had a good oversight of the service and monitored it so that

improvements could be made where required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The provider involved the person, the relative, staff and professionals whilst considering their diversity needs.
- The registered manager sought stakeholders' feedback about the care delivery and the management of the service, and to continuously learn and improve the service.
- The last people, relatives, staff and healthcare professionals' survey results were positive. There were systems in place to act on any suggestions made to improve the quality of care.

Working in partnership with others

- The registered manager worked in partnership with health professionals such as a doctor, an optician, the local authority such as the commissioning team and social workers, and specialists such as the clinical behaviour therapist to improve the person's physical and emotional wellbeing.