

# Independent Supported Living and Disabilities Ltd

## Crowthorne care Southall

### Inspection report

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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 

### Overall summary

The inspection took place on 10 March 2015 and was unannounced. This was the first inspection of the service since it was registered on 29 January 2014.

Crowthorne Care Southall is a supported living service, registered to provide personal care to adults with mental health needs or learning disabilities. The service can accommodate up to five people. Four people were living at the service at the time of the inspection. 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 and associated Regulations about how the service is run.

One external professional we spoke with said, "I think they are most professional, caring and actively work towards stepping people down."

There were procedures to safeguard people and the staff were aware of these. People felt safe and said that if they had any concerns about their safety they knew who to speak with.

# Summary of findings

There were enough staff employed to meet people's needs and the recruitment of staff included checks on their suitability.

People received their medicines correctly and safely.

The staff were appropriately trained and supported. They had the necessary skills to support people.

People's capacity to consent had been assessed and they had consented to their care and treatment.

People were supported to stay healthy and their nutritional needs were met.

People had positive relationships with staff. They said the staff were kind, polite and considerate. Their privacy and dignity was respected.

People's needs, abilities and skills had been assessed by the provider. There were care plans to meet identified needs. People had been involved in developing their own plans and organising how they spent their time.

People were supported to develop independent living skills and to access the community independently.

There was an appropriate complaints procedure. People knew what to do if they had any concerns and they felt the provider responded to complaints.

The registered manager oversaw this and two other supported living services run by the same provider. There was another service manager who organised the day to day running of the home. The staff felt supported by the managers and were able to contribute their ideas.

There were systems to monitor the quality of the service, including feedback from people using the service. This feedback had been used to help develop a plan for the future and make improvements.

# 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?

The service was safe.

There were procedures to safeguard people and the staff were aware of these. People felt safe and said that if they had any concerns about their safety they knew who to speak with.

There were enough staff employed to meet people's needs and the recruitment of staff included checks on their suitability.

People received their medicines correctly and safely.

Good



### Is the service effective?

The service was effective.

The staff were appropriately trained and supported. They had the necessary skills to support people.

People's capacity to consent had been assessed and they had consented to their care and treatment.

People were supported to stay healthy and their nutritional needs were met.

Good



### Is the service caring?

The service was caring.

People had positive relationships with staff. They said the staff were kind, polite and considerate. Their privacy and dignity was respected.

Good



### Is the service responsive?

The service was responsive.

People's needs, abilities and skills had been assessed by the provider. There were care plans to meet identified needs. People had been involved in developing their own plans and organising how they spent their time.

People were supported to develop independent living skills and to access the community independently.

There was an appropriate complaints procedure. People knew what to do if they had any concerns and they felt the provider responded to complaints.

Good



### Is the service well-led?

The service was well-led.

The registered manager oversaw this and two other supported living services run by the same provider. There was another service manager who organised the day to day running of the home. The staff felt supported by the managers and were able to contribute their ideas.

There were systems to monitor the quality of the service, including feedback from people using the service. This feedback had been used to help develop a plan for the future and make improvements.

Good



# Crowthorne care Southall

## 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.

The inspection took place on 10 March 2015 and was unannounced.

The inspection team consisted of one inspector. Before the inspection we looked at all the information we had about the provider, including notifications of significant events and safeguarding alerts.

During our inspection visit we spoke with two of the four people who were using the service. We also spoke with the registered manager and the organisation's quality assurance manager. We observed how people were being cared for and supported. We looked at the care records for two of the people using the service, staff recruitment and training records for three members of staff, records of accidents, incidents, staff and tenant meeting minutes, records of complaints, records relating to quality monitoring and checks and how medicines were managed.

Following the inspection visit we spoke with two social workers who were responsible for overseeing the care of two of the people who used the service.

# Is the service safe?

## Our findings

People told us they felt safe at the service. One person said, "I am happy and safe, no one is threatening or challenging here." People told us they knew what to do if they felt unsafe. They told us the staff supported them when this was the case, for example when they wanted support to access the community or if they felt anxious.

The organisation had an appropriate policy and procedure on safeguarding vulnerable adults. The staff had signed to acknowledge they had read and understood these. Staff were given information about safeguarding vulnerable adults as part of their induction and in their handbook of information. They were also given training in this area. The manager told us that they were organising more advanced safeguarding training for all of the staff.

The staff had assessed the risks for each person. These included risks to their health and wellbeing, including their mental health. The assessments were comprehensive and included actions for the person and staff to help reduce the risk. People had signed the risk assessments to show they had been involved in developing these and agreed with them.

The provider had assessed the risks associated with the environment. They carried out regular checks on the health and safety of the environment and equipment. These included fire risk assessments and checks on fire safety equipment.

People told us they had the support they needed with their medicines. They understood what their medicines were for and had signed consent for the staff to administer these. One person had been assessed to administer some of their own medicines and this was recorded. Medicines were stored securely. There were records of all medicines and all administration. These were checked daily by support staff and weekly by the manager to make sure they were accurate and up to date. The manager carried out weekly audits of the medicines. All staff had been trained to administer medicines and the manager checked their competency every six months. The competency checks included observation and a test of their knowledge.

The provider employed sufficient numbers of staff to meet people's needs. At least one person, usually two (depending on the planned activities) offered support to people during the day. Some people required assistance to access the community and with household tasks. One member of staff was employed to work a waking night. Staff made regular checks on people's wellbeing and these were recorded.

The provider carried out a number of checks on the suitability of staff before they started work at the service. These included reference checks, information on the person's past employment and qualifications and a criminal records check. We saw records of these checks in the staff files we inspected. The manager and people using the service conducted interviews for all potential staff.

# Is the service effective?

## Our findings

People told us the staff had the skills to support them. One person said, “They are there if I need them, I have got no problems with any of them.” The social workers coordinating people’s care told us they felt the staff had the skills they needed.

All staff undertook training in areas the provider considered mandatory as part of their induction. These included lone working, mental health, learning disability, safeguarding adults, medicines administration, first aid and the Mental Capacity Act 2005. The manager told us refresher training was organised on a regular basis. The organisation employed a manager to oversee the training of staff. Some staff had enrolled on courses to undertake external qualifications and the manager told us this was supported. A cognitive behavioural therapist visited the service each week to provide support to people using the service and also training and support for staff. The manager told us they had supported the staff to understand different techniques for supporting the people who used the service.

The manager met with staff individually every six to eight weeks to discuss their work and any concerns. They had a system for annual appraisal of staff, however the service had only been operating for 11 months at the time of our inspection therefore these appraisals had not taken place. Team meetings were held monthly and we saw records of these. They included information sharing and opportunities for the staff to contribute their ideas.

We did not speak with any of the support staff but saw that four of them had completed satisfaction surveys about their work for the provider. They had all said they felt well supported and some of them praised the way the team worked together and communicated.

People told us they had consented to their care and support. They said the staff always asked them whether they consented when they were offering support. We saw this to be the case during our inspection. One person was supported to make a financial transaction. The staff checked their understanding and consent for their support. The manager was aware of his responsibilities under the Mental Capacity Act 2005. Everyone using the service had had their capacity to make decisions assessed. This was recorded. Everyone was able to consent to their care and treatment. Care plans had been developed with the person they were about. They had signed these and recorded that they had been part of the development of these and their risk assessments. People had signed consent to staff supporting them with medicines, their money, for having their photograph taken and for having records kept about their needs. The staff had all completed training about the Mental Capacity Act 2005 and there was information about this available at the service for staff and people using the service.

People told us they had the support they needed with their health care. Everyone had a health action plan which gave details about their health needs, healthcare professionals they saw and all appointments they attended. Information about staying healthy and the support people needed from staff was recorded. People’s healthcare was monitored each day and their wellbeing recorded in daily care notes.

People planned their own meals, budgeted and shopped for food. Some people were supported with planning and budgeting. One person received support from staff to cook their meals; the other people prepared and cooked all their meals independently. Everyone had monthly key work meetings with a member of staff to discuss their support. As part of this the staff supported people to make healthy lifestyle choices.

# Is the service caring?

## Our findings

People told us the staff were caring, kind and polite. One person said, "its very easy going here, there is no hassle." They told us they were given support when they needed it but were able to live life as they wanted and to be as independent as they wanted. People told us they had good relationships with the staff and the other people using the service. One external professional told us the person they supported, "really enjoys living there and settled in very quickly when he moved there." They also said, "he gets on well with all staff members and he has said they are very approachable."

We saw positive interactions between people using the service and staff. They were polite, considerate and took account of the person's wishes, views and interests. The

staff had a good knowledge of people's needs and the things that made them unhappy or anxious. They told us how they offered support to minimise the chances of people feeling this way.

Support plans included information about what was important to the person and things they liked. The support plans emphasised allowing people to make their own decisions. The daily care notes indicated that people were generally content and felt happy and supported at the home. They showed people had made choices about how they spent their time each day.

People told us their privacy and dignity was respected. They had their own bedrooms and told us the staff always asked permission to enter these. We saw the staff were respectful when they spoke to or about people using the service.

# Is the service responsive?

## Our findings

People told us their needs were met at the service. They said they were supported to learn new skills and to become independent when they wanted. They told us the staff were available when they needed them. One external professional said, "They are helping (the person living at the home) to gain independent living skills so he is ready to step down in the future."

We observed people being supported with a number of different activities. These included, managing their money, going to the shops and cleaning the house. The staff supported people in an appropriate way which met their individual needs.

Everyone had their needs assessed and recorded in support plans. These had been developed in agreement with the person. They included plans for the future and learning independent living skills as well as how people's health, personal, emotional and social needs would be met. The support plans were detailed and included information on how people wanted to be supported and what would happen if they did not receive support. The staff maintained daily care notes which recorded what people had done and their wellbeing each day.

Some people planned their own social activities and how they spent their time. People told us they liked this and felt able to ask for advice or support from staff if they needed it. Others had more support to plan the way they spent their time and staff assisted them to access a range of community resources. People had different amounts of structure and planning according to their individual needs.

There were regular tenants' meetings, which everyone attended to discuss house rules, changes and any other items they wanted to raise or discuss as a group. These meetings were recorded. The organisation also employed an external cognitive behavioural therapist who visited the service weekly to offer group therapy and support to everyone.

People told us they knew how to make a complaint and who to discuss concerns with. They said that the staff and manager responded appropriately to concerns and had investigated these. There was a complaints procedure which was also available in a pictorial format. This had been given to people who used the service. We looked at the record of complaints. These had been appropriately investigated and feedback had been given to the complainant. There was evidence of learning from complaints. For example, changes in procedure and discussing specific concerns with people using the service so they were aware of these.



# Is the service well-led?

## Our findings

People told us they thought the service was well managed. They said the registered manager and service manager were available to speak with when they needed. They told us the managers and staff knew their needs. Satisfaction surveys from staff and feedback in team meeting minutes indicated the staff felt well supported and there was a positive and open culture at the home, where they could raise concerns and share their ideas. The registered manager told us he listened to the views of people using the service and staff when making decisions about how it should be run.

One external professional told us, "I enjoy working with this provider as they understand that we are working towards (person's name) further recovery and independence. I think they respond to feedback and are always available for meetings or to discuss issues." They also said, "I cannot imagine a better provider for (person's name)."

The provider had plans to expand the services they offered alongside another organisation. They had introduced new levels of management, new quality checks and were reviewing the policies and procedures. The manager told us they worked closely with the NHS and local authority social workers who coordinated the support packages for people. One social worker told us they visited the home regularly and the staff kept in touch with them to make sure they were working together in the person's best interest. The staff were undertaking additional training as a group to improve their knowledge of people's needs. The manager told us he was organising a group training session and information sharing on drug and alcohol abuse. The provider was arranging additional high level training in mental capacity and safeguarding for all staff.

The registered manager had worked at the service since it was registered in 2014. He was appropriately qualified and had experience managing other services. He told us he kept his training up to date and worked alongside the other staff as needed. On the day of our visit he spent some time offering individual support to one of the people using the service. He told us this was a regular part of his role.

There was an action plan for the service which included ways the provider planned to improve the care and support, records, staff support and other areas of the service. The manager kept a record of this and the action which had been taken already. There was evidence of continuous improvement and the development of the service. The manager monitored the service's expenditure in relation to the planned budget and expenditure.

The manager and staff carried out a number of quality audits and checks. These included checks on the environment, health and safety, records, delivery of the service and how well people's needs were being met. The staff undertook a monthly review of each person's care and what had happened to them each month. At this review their objectives, goals and support plan were adapted to reflect changes in their need.

The provider had asked people using the service and staff to complete satisfaction surveys about their experiences. These showed that people were very positive about the service and the support they received. The provider analysed accidents, incidents, complaints and other significant events. They had recorded this analysis and there was evidence they had learnt from these and made changes to improve the service as a result of these.