

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

We undertook this unannounced inspection on 28 February and 1 March 2017. Support for Living – 79 Harrow View is a care home registered for a maximum of nine adults, some of whom may have learning disabilities or mental health care needs. At the time of our visit, there were eight people living in the home.

At our previous inspection on 19 March 2015 we rated the service as "Good" and there were no breaches of regulations. At this inspection we found the service remained Good.

People informed us that they were satisfied with the care and services provided. They had been treated with respect and felt safe living in the home. There was a safeguarding adult's policy and suitable arrangements for safeguarding people. The arrangements for the recording, storage, administration and disposal of medicines were satisfactory. People's care needs and potential risks to them were assessed and care workers were aware of these risks. Personal emergency and evacuation plans were prepared for people and these were seen in the care records. This ensured that care workers were aware of action to take to ensure the safety of people. The premises were clean and tidy. Infection control measures were in place. There was a record of essential inspections and maintenance carried out. There were arrangements for fire safety which included alarm checks, drills, training and a fire equipment contract. Fire drills had been arranged. The garden was well maintained and seating was available for people. These ensured that people lived in a safe and pleasant environment.

There were enough care workers deployed to meet people's needs. They had received essential training and were knowledgeable regarding the needs of people. Teamwork and communication within the home was good. Care workers had received induction to enable them to care effectively for people. There were arrangements for support, supervision and appraisals from the company's senior staff.

People's healthcare needs were monitored and arrangements had been made with healthcare professionals when required. There were suitable arrangements for the provision of food to ensure that people's dietary needs and special preferences were met. People informed us that they were satisfied with the meals provided and they could also cook their own meals. The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS ensures that an individual being deprived of their liberty is monitored and the reasons why they are being restricted are regularly reviewed to make sure it is still in the person's best interests. We were informed that all people who used the service had capacity to make their own decisions and no person's liberty was restricted.

There were arrangements for encouraging people to express their views and experiences regarding the care and management of the home. Care workers were aware of the individual choices and preferences of people. Care workers prepared appropriate and up to date care plans which involved people and their representatives. Regular residents' meetings and one to one sessions had been held for people and the minutes were available for inspection. The home had an activities programme to ensure that people received mental stimulation and were able to engage in social and therapeutic activities they liked. People

knew who to complain to if they had concerns.

The service was well managed. Audits and checks of the service had been carried out by senior staff and the service manager. These were carried out monthly or weekly and included checks on care documentation, fire safety, medicines, and maintenance of the home. Evidence of these was provided. A satisfaction survey carried out in the previous year indicated that people were satisfied with the care and services provided. Care workers worked well together and they had confidence in the management of the home. They were aware of the values and aims of the service and this included treating people with respect and dignity and encouraging them to be as independent as possible.

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.

Is the service effective?

Good ●

The service was effective.

Is the service caring?

Good ●

The service was caring.

Is the service responsive?

Good ●

The service was responsive.

Is the service well-led?

Good ●

The service was well-led.

Support for Living Limited - 79 Harrow View

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 28 February & 1 March 2017 and it was unannounced. The inspection team consisted of one inspector. Before our inspection, we reviewed information we held about the home. This included notifications and reports provided by the home.

There were eight people living in the home. We spoke with six people who used the service, a visitor and a person's relative. We also spoke with the service manager, five care workers and a maintenance person. We also spoke with a relief manager who was providing temporary support to the home. We observed care and support in communal areas and also looked at the kitchen, garden and people's bedrooms. We obtained further feedback from a social care professional.

We reviewed a range of records about people's care and how the home was managed. These included the care records for six people living there and this included their MAR charts. We examined six staff recruitment records, staff training and induction records. We checked the audits, policies and procedures and maintenance records of the home.

Is the service safe?

Our findings

On arrival at the home, the front door of the home was locked and a care worker opened the door to let us in. This ensured that the home was secure. People who used the service told us that they were well treated and there were enough care workers to attend to their needs. One person told us, "The staff are nice to me." A second person said, "I am happy living here." A relative said, "My relative is safe. There are enough staff here. She gets her medication. The home is very clean when I visit. The staff are hygienic."

We observed that people were cleanly dressed and appeared well cared for. Care workers were pleasant and they interacted warmly with people. We saw that people could go into the kitchen and select the breakfast they wanted. They could also prepare their own meals. Others either went out to the shops or went into the garden to smoke.

The service had a safeguarding policy and staff had details of the local safeguarding team and knew how to contact them if needed. The contact details of the local safeguarding team were on display in the home. Care workers had received training in safeguarding people. They could give us examples of what constituted abuse and they knew what action to take if they were aware that people who used the service were being abused. They informed us that they could also report it directly to the local authority safeguarding department and the Care Quality Commission (CQC) if needed. No safeguarding concerns were notified to us and the local safeguarding team. Care workers informed us that there had been no safeguarding incidents.

Risk assessments had been prepared and these contained guidance for minimising potential risks such as risks associated with smoking, mental health problems, antisocial behaviour and self-neglect. Personal emergency and evacuation plans were prepared for people to ensure their safety in an emergency. One person smoked in their bedroom. There was evidence that this issue was discussed with the fire authorities and they had visited and provided appropriate guidance and fire retardant linen for this person. An appropriate risk assessment was in place and staff carried out the required daily checks to ensure this person's safety.

Care workers had been carefully recruited. The required checks and documents were in place. The service had a recruitment procedure to ensure that care workers recruited were suitable and had the appropriate checks in place prior to being employed. We examined a sample of six records of staff. We noted that all the records had the necessary documentation such as a criminal records disclosure, references, evidence of identity and permission to work in the United Kingdom.

We looked at the staff rota and discussed staffing levels with the manager. On the day of inspection there were a total of eight people who used the service. The staffing levels consisted of the relief manager and two care workers and a household staff during the day shift and one care worker on duty during the night shift. Care workers we spoke with told us that there was usually sufficient staff on duty for them to attend to their duties. Care workers informed us that when needed, extra care workers were available to support them. All people informed us that there were sufficient staff and they were satisfied with the care provided.

There were suitable arrangements for the recording, storage, administration and disposal of medicines. We checked these and they were satisfactory. The temperature of the room where medicines were stored was monitored and was within the recommended range. There was a record confirming that unused medicines were disposed of and this was signed by staff. The home had a system for auditing medicines. This was carried out by service manager and supporting manager. There was a policy and procedure for the administration of medicines. There were no gaps in the medicines administration charts examined. People we spoke with told us they had been given their medicines.

There was a record of essential maintenance carried out to ensure that people lived in a safe and pleasant environment. Safety inspections had been carried out on the portable appliances and gas boiler. The electrical installations inspection certificate indicated that the home's wiring was satisfactory. There were suitable arrangements for ensuring fire safety which included a fire risk assessment and fire equipment contract. The fire alarm was tested weekly to ensure it was in working condition. A minimum of four fire drills had been carried out within the past twelve months. We spoke with a maintenance contractor who stated that they checked the hot water temperatures each month to ensure they were in working condition. Window restrictors were in place in bedrooms visited.

The premises were clean and no unpleasant odours were noted. Care workers we spoke with had access to protective clothing including disposable gloves and aprons. The home had an infection control policy. A care worker responsible for the laundry was aware that soiled laundry needed to be transported in red bags and washed at a sufficiently high temperature.

Is the service effective?

Our findings

People using the service told us that care workers were competent and they were satisfied with the care provided. One person who used the service told us that their healthcare needs had been attended to. This person said, "I have been to the doctor with staff. I have also been to the hospital for my appointment." A second person said they were happy with the meals provided and they added, "There are lots of fruit in the kitchen. I can go out shopping. I have my own money. The staff help me with my baking." A relative said, "The food here is fantastic, good balanced diet. There is always fruit and salad."

People's healthcare needs were closely monitored by the service. Care records of people contained important information regarding their background, medical conditions and guidance on assisting people who may require special attention because of their mental state or health problems. There was evidence of recent appointments with healthcare professionals such as people's dentist, psychiatrist and GP. A healthcare professional informed us that the healthcare needs of their patient had been attended to and they had no concerns regarding the care provided.

There were arrangements in place to ensure that the nutritional needs of people were met. People's nutritional needs had been assessed and there was guidance for staff on the dietary needs of people and how to promote healthy eating. Information regarding special diets was available for care workers in the care records and displayed in the kitchen. To ensure that people received sufficient nutrition, monthly weights of people were recorded in their care records. People informed us that they could discuss what meals they wanted at meetings and they were satisfied with the arrangements for meals. We observed people having their lunch. People told us they were satisfied with their lunch. We saw that people had access to the kitchen. They could make drinks for themselves. Biscuits and snacks were available in the kitchen if people wanted them.

Care workers had been provided with essential training to enable them to meet the needs of people. We saw copies of their training certificates which set out areas of training. Topics included food hygiene, first aid, equality and diversity, safeguarding adults, health and safety, fire training and the administration of medicines. Care workers we spoke with confirmed that they had received the appropriate training for their role.

Newly recruited care workers had undergone a period of induction to prepare them for their responsibilities. They had signed their induction programme. The induction programme was extensive. The topics covered included policies and procedures, staff conduct, information on health and safety. None of the care workers had completed the 'Care Certificate'. We however, noted that their current induction programme covered similar topics. The service manager informed us they were in the process of starting all care workers on the 'Care Certificate'. The new 'Care Certificate' award replaced the 'Common Induction Standards' in April 2015. The Care Certificate provides an identified set of standards that health and social care workers should adhere to in their work. Care workers said they worked well as a team and received the support they needed. The previous manager and senior staff had carried out supervision and annual appraisals. Care workers confirmed that this took place and we saw evidence of this in the staff records. We observed that care

workers had their allocated duties such as cleaning the premises and administering medicines. They went about their duties calmly and in an orderly way. Care workers worked well and co-operated with each other.

We checked whether the service was working within the principles of The Mental Capacity Act 2005 (MCA). The 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 lacked mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The service had guidance on the MCA and DoLS. The relief manager informed us that all people living in the home had capacity and were able to make decisions for themselves. This was confirmed by people we spoke with. They also stated that care workers asked for their consent when making decisions related to their care and this included activities they like to engage in and meals they liked.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. The acting manager stated that no people who used the service had been deprived of their liberty. We noted that this was evident as people could move about freely in the home and go out if they chose to. This was confirmed by people we spoke with. The relief manager and care workers were aware that if needed, they would submit applications to the local authority for authorisations for deprivation of liberty safeguards to be put in place.

Is the service caring?

Our findings

The atmosphere in the home appeared relaxed and people told us they like living there. People told us that they were well treated and care workers listened to them. One person said, "I am happy here. I can do my own shopping." Another person said, "Yes, the staff talk nicely to me." One person wrote the following in the compliments book, "Staff are very kind and helpful." A relative said, "The staff know how to communicate and encourage my relative. They listen to her and they show respect for my relative and her preferences. They do also consult with me." A social care professional informed us that their client who lived in the home was respected and well treated by care workers.

We observed interaction between care workers and people. We saw that people were able to approach care workers and talk with them. There were respectful and pleasant interactions between care workers and people who used the service. We noted that one person was agitated and started shouting. A care worker responded calmly and spent time talking and reassuring this person. The person concerned responded well and soon calmed down. Care workers told us that they were familiar with the needs of people and knew how to respond to sudden outbursts by them. They told us they had worked in the home for several years. Care workers said they treated people with respect and dignity. They were also able to tell us what they did to ensure people's privacy. They said they would knock on bedroom doors and request permission to enter. They stated that they rarely needed to provide personal care. However, if needed, they would ensure that doors were closed. We saw staff knocked on people's bedroom doors and waited for the person to respond before entering.

There was detailed information in people's care plans about their life history, interests and how to communicate with people. Care workers we spoke with could provide us with information regarding people's background, interests and needs. They informed us that they had worked with most people for many years and knew about their daily routine and their likes and dislikes. When we discussed the care of a person with a care worker, they demonstrated a good understanding of what the person enjoyed doing. This was confirmed by the person concerned. Another care worker was able to tell us the activities that people participated in and where these activities were held. People told us that they got on well with care workers and found them caring and helpful. They said care workers communicated well with them.

Regular meetings had been held so that people could express their views and make suggestions regarding the running of the home. We noted that two meetings were held in February 2017 and topics discussed included meals for people, fire safety, cleanliness and an outing to a place of interest to people. People were also updated regarding action taken following suggestions made by them. Further opportunity for people to express their views privately was carried out in one to one sessions with people's keyworkers. People could discuss their progress and problems with care workers. People we spoke with stated that this took place and they found the sessions helpful. The minutes of these sessions were kept in the care records.

Care plans included information that showed people had been consulted about their individual needs including their spiritual and cultural needs. The service had a policy on ensuring equality and valuing diversity. Care workers had a good understanding of equality and diversity (E & D) and respecting people's

individual beliefs, culture and background. One person did not eat meat and the service had ensured that a vegetarian diet was provided.

Each person had their own room. The bedrooms were well-furnished and had been personalised with people's own ornaments and belongings according to their preference. There was a well maintained garden on the ground floor with seating provided. We saw people were able to access the garden when they wanted.

Is the service responsive?

Our findings

People informed us that they were satisfied with the care provided and staff were responsive to their needs. One person said, "We have meetings and the staff listen to us. They have organised outings to places for us. We have cooking sessions." A second person said, "When we have a problem we can talk to the staff. They are helpful. The staff have helped me get better." A third person said, "There are enough activities here. I have been on outings and also to the seaside." A relative told us that their relative who was in the home had improved due to the good care provided. She stated, "The staff definitely know what they are doing. I am satisfied with the care. I have not made any complaints. I am aware of who to complain to - the manager. I also got the office telephone number." A social care professional informed us their client who lived in the home had improved and had become more independent.

The home had a complaints procedure and this was on display on the notice board on the ground floor of the home. People informed us that they knew how to complain if they had concerns. No complaints had been recorded since the last inspection. The relief manager told us that none had been received since the last inspection.

The home provided care which was individualised and person-centred. People's needs had been carefully assessed before they moved into the home. These assessments included information about a range of needs including health, nutrition, mobility, medical, religious and communication needs. Care plans were prepared with the involvement of people and their representatives and were personalised. Signatures of people were evident to indicate they had agreed to the care plans prepared. People and a relative confirmed that they had been consulted and their views were taken account when care workers prepared their care plans and daily activities.

Care workers had been given guidance on how to meet people's needs and when asked they demonstrated a good understanding of the needs of each person. One person's care plan showed that they had a medical condition which required regular monitoring. Care workers were aware of this and the records contained evidence of hospital appointments attended by the person concerned. This person confirmed that they had attended regular hospital appointments. We looked at the record of a person who had behaviour which challenged the service. There was guidance to care workers on how to meet his needs. This person's care was carefully monitored by care workers. Regular reviews of care provided had been carried out with them and documented. Key worker sessions were recorded. We noted from the reports that this person had settled well in the home. We spoke with this person who informed us that they were happy in the home.

The home ensured that there were sufficient activities for people. People we spoke with informed us that there were activities available for them to participate in. Activities arranged for people included cookery sessions, visits to community centres, day centres and a holiday to a holiday centre. We noted that some people attended knitting sessions. One person informed us that they went out regularly to the shops. Another person stated that they had been on organised outings. One person said they were due to go on a holiday abroad. Care workers provided us with pictures and documented evidence of activities that people had participated in.

Is the service well-led?

Our findings

People expressed confidence in the management of the home. They informed us that they were well cared for and could approach both care workers and management if they had concerns. A staff member described management as approachable and the staff team as a good team. A relative stated that they were pleased with the management of the home. This relative said, "They do communicate 100% with me. I think management is good. My relative is satisfied and happier and trusts all the staff." A visitor to the home told us that the person they were visiting was well cared for and they had no concerns regarding the management of the home. A social care professional expressed confidence in the management of the service and stated that they worked well with care workers of the home.

The home did not have a registered manager. The previous registered manager resigned from the service in the previous month. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act and associated Regulations about how the service is run. The service manager stated that the company had shortlisted some candidates and hoped to be able to appoint a manager soon. In the meantime, the management of the home was being overseen by a team leader. This team leader was supported by a relief manager who also had responsibility of a sister home nearby. The service manager visited the home regularly or at least once a month to provide support.

The home had a range of policies and procedures to ensure that care workers were provided with appropriate guidance to meet the needs of people. These addressed topics such as infection control, safeguarding and health and safety. Care plans were up to date and well maintained.

The service had the necessary checks and audits for ensuring quality care. These audits and checks had been carried out by the senior staff and the service manager. Senior staff carried out monthly checks on cleanliness, ventilation, fire exits, medicine administration charts, care documentation and maintenance of the home. The service manager visited the home monthly and carried out audits on the care and activities provided, staffing arrangements, complaints records and maintenance of the home. The audits provided instructions to staff on action needed and there was also information on when they were completed. Evidence of these audits was provided by the service manager.

The home carried out a satisfaction survey of people who used the service in January 2016. We saw the analysis of the completed forms and noted that the feedback was positive. The service manager informed us that a new survey would be started soon.

There was a system for ensuring effective communication among care workers. The home had a communication book which was used for passing on important information such as appointments and duties for care workers. Care workers informed us communication amongst staff was good and there were meetings where they regularly discussed the care of people and the management of the home. The minutes of these meetings were seen by us. Care workers stated that senior staff and management staff were

approachable, very committed and listened to their views. Care workers said they had confidence in the way the service was managed. They were aware of the values and aims of the service and this included treating people with respect and dignity and encouraging them to be as independent as possible.

The service kept a record of compliments made by people. They included the following:

"Thank you for preparing a lovely barbecue."

"I am happy to live here. Your staff team are very efficient and good staff."

"I don't feel so lonely since living here."

"They give me dignity and help me believe in myself."