

Support for Living Limited

# Support for Living Limited - 37 Barlby Road

## Inspection report

37 Barlby Road  
London  
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29 July 2016

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

We carried out an unannounced comprehensive inspection of this service on 13 November 2015. Breaches of legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to person-centred care, safe care and treatment, medicines, staffing, notifications and governance.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Support for Living Limited - 37 Barlby Road' on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

Following the inspection in November 2015, we asked the registered provider to undertake weekly audits of all service users' needs, care plans and risk assessments and send us a monthly report stating the action taken or to be taken as a result of these audits. We received these reports promptly along with an action plan setting out what the provider would do to meet legal requirements in relation to the above breaches.

We carried out a follow up comprehensive inspection on the 29 July 2016 to check that the provider had followed their action plan and to confirm that they now met legal requirements.

Support for Living - 37 Barlby Road provides care and support for up to four people living with complex learning disabilities and physical disabilities. At the time of this inspection three adults were receiving care and support from the service.

The recently appointed manager had submitted an application to become the registered manager of the service and this was being processed at the time of our visit. 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.

At the time of our inspection, the manager was employed on a full time basis and was supported by an acting deputy manager. There were enough appropriately skilled and experienced staff deployed to the service and staff had completed the necessary training to equip them with the skills and knowledge to carry out their duties effectively.

There were suitable arrangements in place for the safe storage and disposal of medicines and all medicines were administered by staff who had received the appropriate training to be assessed as competent to carry out these duties.

People were protected from risks to their health and wellbeing because written risk assessments were up to date and were being reviewed in line with the provider's policies and procedures.

There were systems in place to protect people from abuse and keep people free from harm. The provider had policies and procedures in place for safeguarding adults which were available and accessible to members of staff. Staff were able to demonstrate a good understanding of these policies and procedures and how they related to their roles and responsibilities.

Staff supported people to attend healthcare appointments as required and liaised with people's family members, GPs and other healthcare professionals to ensure people's needs were met appropriately. Advocates and family members (where appropriate) were involved in reviews of people's care and support.

CQC is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005, Deprivation of Liberty Safeguards (DoLS) and to report upon our findings. DoLS are in place to protect people where they do not have capacity to make decisions and where it is regarded as necessary to restrict their freedom in some way, to protect themselves or others. These safeguards are there to make sure that people receiving support are looked after in a way that does not inappropriately restrict their freedom. Services should only deprive someone of their liberty when it is in the best interests of the person and there is no other way to look after them, and it should be done in a safe and correct way. Staff had received training on the Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act 2005 (MCA) and understood what to do if people could not make decisions about their care needs in line with the MCA.

The provider had implemented and was operating effective systems to audit different aspects of the service; these included the administration of medicines, care records and reviews, fire, health and safety checks.

During our visit we were unable to review people's proof of identity, right to work status and references as this information was not held at the service. We requested and received information from the provider relating to staff recruitment demonstrating that criminal record checks and other relevant checks were undertaken before staff commenced working with people.

Staff developed caring relationships with people using the service and supported them to maintain their hobbies and interests. People's cultural preferences were respected.

Following our last inspection in November 2015 we judged the service was Inadequate and we placed it in special measures. At this inspection we found the providers had addressed the concerns we raised with them and had made improvements to the quality of care and support people received. We have judged the service as Requires Improvement and it is no longer in special measures.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

We found that action had been taken to improve safety.

Risks to people's health and wellbeing were managed appropriately.

Staff were equipped with the skills and experience to support people whose behaviour challenged the service.

Staff completed training in safeguarding adults and were able to describe the process for identifying and reporting concerns.

Medicines were being managed and administered appropriately.

### Is the service effective?

**Requires Improvement** ●

We found that action had been taken to improve the service's effectiveness.

Staff supervision and annual appraisal sessions were delivered by the manager on a regular basis.

The service manager understood the legal requirements of the Mental Capacity Act 2005 and staff had completed appropriate training in this area.

People were supported to maintain good health.

### Is the service caring?

**Good** ●

The service was caring.

People's cultural identity, preferences and choices were being respected.

Staff took time to engage with people who used the service and were managing challenging situations calmly and professionally.

Staff respected people's privacy and dignity and promoted people's independence.

### Is the service responsive?

**Requires Improvement** ●

We found that action had been taken to improve responsiveness.

People were supported to maintain their health and wellbeing and partake in their preferred activities.

People's care plans and health action plans had been completed and reviewed.

The provider involved relevant health and social care professionals and advocates (where appropriate) in decisions about people's care.

### Is the service well-led?

We found that action had been taken to improve leadership.

The service was organised in a way that promoted safe care through effective record keeping and quality monitoring.

The provider monitored the performance of staff through regular supervision and staff appraisal.

There were processes in place for reporting accidents and incidents.

**Requires Improvement** 

# Support for Living Limited - 37 Barlby Road

## **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.

We also needed to check that improvements had been made to meet legal requirements planned by the provider after our comprehensive inspection on 13 November 2015. We inspected the service against all of the five questions we ask about services: Is the service safe, effective, caring, responsive and well-led. This inspection took place on 29 July 2016 and was carried out by one inspector. The inspection was unannounced.

Before the inspection we reviewed monthly reports we had received from the provider along with their action plan. We also looked at information we held about the service and statutory notifications received. During the inspection we used a number of different methods to help us understand the experiences of people supported by the service. We were not able to talk with people using the service as they were unable to express themselves verbally. We observed staff interacting with people using the service, spoke with the service manager and two support staff on duty. We looked at three people's care records, five staff files, as well as records relating to the management of the service.

Following the inspection we spoke with two health and social care professionals and a further two members of support staff. We used this feedback to help inform our judgements.

# Is the service safe?

## Our findings

At our previous inspection on 13 November 2015 we found people were not always protected against the risks associated with the unsafe storage, management and administration of medicines.

At our inspection on 29 July 2016, we found that people using the service were adequately protected against the risks associated with the unsafe storage, management and administration of medicines. This was because medicines were stored in a locked cupboard and a nominated member of staff held the keys to the cupboard. Medicines were in date and stored appropriately and first aid boxes were adequately stocked. Individual medicine administration records (MAR) for each person using the service were in place and were up to date, accurate, with no evident gaps. Auditing systems were in place in regards to these matters and were being carried out on a regular basis. Staff had completed appropriate medicines training and been assessed as competent to carry out these duties. Staff were aware that a number of surplus supplies of repeat prescription items were still waiting to be returned to the pharmacy and told us they would arrange for this to happen as soon as possible. This meant that the provider was now meeting legal requirements.

At our last inspection in November 2015, we found that the provider was not always doing all that was possible to mitigate identified risks to people using the service and staff.

At our inspection on 29 July 2016, we saw that the provider was completing people's risk assessments in full, and reviewing and updating these assessments appropriately in order to protect people using the service and others from avoidable harm. The deputy manager told us, "We make sure people are safe in all senses, from abuse, the environment, in the way we provide care and people's diets and we ensure all staff are trained in safeguarding." Reviews of people's care and support needs had been undertaken in line with the provider's policies. This meant that the provider was now meeting legal requirements.

On the day of our inspection there were two members of support staff on duty, a team leader and a manager. Staff were equipped with the skills and experience to support people whose behaviour challenged the service. We observed staff managing incidences of behaviour that challenged the service and staff with vigilance, patience and confidence. Staff were providing adequate supervision to people who entered the kitchen area and were aware of the potential risks to people and others in relation to hot appliances and the misuse of utensils.

Staff completed daily, weekly and monthly records for people using the service. Records included information regarding behaviour that challenged the service and staff, activities, plans for the future, goals and achievements. People's behaviour that challenged the service and staff was monitored and reviewed by health care professionals and the provider's communication and behaviour support team and discussed in team meetings and in supervision sessions.

We reviewed the records of five staff members. We were unable to review people's proof of identity, right to work status and references as this information was not held at the service. We requested and have received further information from the provider relating to this matter demonstrating that criminal record checks and

other relevant checks had been undertaken before staff commenced working with people living in the home.

Staff completed training in safeguarding adults and were able to describe the process for identifying and reporting concerns and give examples of the types of abuse that may occur. We saw a copy of the provider's safeguarding policies and procedures which were accessible to staff via their intranet system. Staff understood how to whistle blow and told us they would report any concerns they may have to their manager and other relevant agencies where appropriate.

The home was clean and free from odours. Infection control measures were in place and staff had access to disposable gloves and aprons. The building was secure and we were asked to identify ourselves on arrival and sign in and out of the building accordingly. We were also informed of the location of fire exits and assembly points. We saw evidence that health and safety checks on lighting systems, fire equipment and fire exits were completed on a regular basis.

We have revised the rating for this key question from 'Inadequate' to 'Requires improvement' as improvements were evident. However, to improve the rating further would require consistent good practice over time. We will check this during our next planned comprehensive inspection.



## Is the service effective?

### Our findings

At our previous inspection on 13 November 2015 we found people were not always protected from risks to their health and wellbeing because staff lacked the confidence, skills and experience necessary to support people with complex learning and physical disabilities.

At our inspection on 29 July 2016, we saw that people were being supported by confident and enthusiastic staff members. People using the service appeared comfortable with the staff supporting them and weekly summaries demonstrated that people were being supported to participate in a range of activities. Staff told us that since the changes to management they felt more confident in their roles and better able to support people to participate in activities in the local community. Staff were supervised regularly and supported in the management of behaviour that challenges by the provider's dedicated behavioural team. Staff told us they were encouraged to discuss any further training requirements during supervision and that the registered manager supported them in their learning and development.

We saw staff taking people for walks and read in people's activity diaries that they had been supported to attend activities they enjoyed. For example; going out for walks, swimming, shopping, visiting cafes and eating out. Staff told us that one person using the service regularly attended a voluntary work placement which they enjoyed and another person had recently joined a music session organised by the Salvation Army. A member of staff told us, "There is more structure in place for activities, people go out much more than they used to and they all seem a lot happier."

Staff told us they were supported to obtain the necessary skills and knowledge for their roles via ongoing training. New staff were required to complete a 12 week induction and provided with a workbook and directed to complete e-learning, access the provider's intranet for sources of information, observe, discuss and reflect on their learning experience. Staff records confirmed that supervision and annual appraisal sessions were delivered by the manager on a regular basis. Records of supervision sessions we looked at demonstrated that the manager adopted a supportive and positive approach towards staff. Sessions focused on staff well-being, what was working well, training needs and updates and achievements. We also saw evidence of annual appraisals taking place for staff members who had been employed at the service for over a year. This meant that the provider was now meeting legal requirements.

At our previous inspection on 13 November 2015 we found people's preferences and individual needs were not always being met in relation to meals and drink choices and preferences.

At our inspection on 29 July 2016, we saw that people were supported to eat and drink what and when they wanted to. Each person had their own food cupboard containing their preferred food items. Staff were following food preparation guidelines for one person who had recently been assessed by a dietitian. We observed staff offering people choices both in regards to food and drink and the crockery and cutlery available. This meant that the provider was now meeting legal requirements.

People's health and well-being was being promoted and maintained because staff completed records

detailing all healthcare appointments people were required to attend and had systems in place that ensured people were seen by the appropriate healthcare professionals at the appropriate time. People's care plans contained adequate information relating to their healthcare needs and included relevant guidelines in relation to specific areas such as, positive behaviour support and dietary requirements. Where people had complex healthcare needs staff told us they sought relevant guidance from people's GPs and district nurses. Staff were aware of who to contact in a medical emergency.

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. 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, and whether any conditions on authorisations to deprive a person of their liberty were being met. The service manager and staff had a good working knowledge of current legislation and guidance and told us they had submitted three DoLS applications in relation to people leaving the home without staff support. We did not observe people's freedom being unnecessarily restricted in any manner.

People's rights were respected because staff were aware of the need to obtain people's consent where this was possible. We heard staff explaining their actions and using objects of reference to allow people to make choices. Where people were unable to make choices for themselves, a best interests decision process was applied and we saw evidence demonstrating that the service had involved health and social care professionals and family members (where appropriate) to support people to make decisions about their care.

We could not improve the rating for effective from 'Requires improvement' because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

# Is the service caring?

## Our findings

At our inspection on 29 July 2016, we saw evidence of positive caring relationships between staff and people using the service. Staff took time to engage with people who used the service and were managing challenging situations calmly and professionally. We observed staff following policies and procedures in relation to these matters. For example, we observed a member of staff calming and reassuring one person who was hitting out, giving them the space and time required to settle. We observed staff discussing the possible reasons for this person's behaviour with other staff members, considering and deciding to administer PRN medicines when this person remained agitated.

People's care and support records contained information about their family relationships, hobbies, interests, likes and dislikes and daily routines. One page profiles outlined what was important to people and how they wished to be supported. These records also contained people's personal goals and objectives and how they wanted to spend their time. Staff were able to demonstrate a good knowledge of people's individual choices and were observed to be following guidelines in regards to these matters.

Within the service, people were supported to become as independent as possible when carrying out household tasks such as doing their laundry, preparing meals and keeping the kitchen clean and tidy. We saw people completing household tasks during our visit.

Staff told us that respecting people's privacy and dignity was an important part of their work. We observed staff asking people's permission, letting people know what they were going to do and making sure doors were shut whilst people were being supported with their personal care.

We saw that people were free to spend time how they wanted. Some people chose to stay on their own in their rooms whilst others preferred to sit in the communal areas with staff. One person was supported to work on a voluntary basis in the local community. Staff spent time with people, discussing day to day things such as what people wanted to do and what they wanted to eat.

We have revised the rating for this key question from 'Requires improvement' to 'Good' as we are satisfied that people are being supported by caring staff and that improvements to care delivery are being monitored closely by the management team.

## Is the service responsive?

### Our findings

At our previous inspection on 13 November 2015 we found people were not always provided with opportunities and support to develop their independence and participate in activities within and outside of the home.

At our inspection on 29 July 2016, people were being provided with opportunities to participate in meaningful activities and engage in tasks that were essential to their health and well-being. People's care and treatment was appropriate, met their needs and reflected their preferences. We saw that people's weekly activity plans were completed demonstrating that people were involved in a range of activities on a regular basis. These included: going out for walks, swimming, shopping, visiting cafes and eating out. Plans for holidays were in the pipe line. A staff member told us, "In team meetings we discuss different options for activities such as swimming and gym sessions."

A peer to peer support system had recently been introduced by the manager which allowed staff to observe each other during new activities and provide constructive feedback about performance, what worked well and what needed modifying. Staff told us this was a helpful learning tool and promoted discussion around the needs and preferences of the people they were supporting. This meant that the provider was now meeting legal requirements.

At our previous inspection on 13 November 2015, we could not be assured that people had access to healthcare specialists when they needed it. For example, staff told us that people missed healthcare appointments and follow ups due to lack of suitably skilled and confident staff who were able to support people in the community.

At our inspection on 29 July 2016, we found that people were provided with care and treatment in a safe and appropriate manner because the provider was ensuring that people's health action plans had been completed and reviewed when necessary. The provider involved relevant health and social care professionals and advocates (where appropriate) in decisions about people's care and staff were well informed about how people's care and support needs should be met.

People's care records contained detailed information based on people's individual needs such as referral assessments, life histories, personal preferences, appropriate risk assessments and detailed guidance for staff so people could be supported appropriately. Records and appointment logs showed that people using the service were seen by occupational therapists, physiotherapists, dietitians and GPs when needed and attended hospital appointments when invited to do so. Care records were kept in individual files and stored safely.

Staff told us they were able to recognise the signs when people became agitated or distressed and were confident they could manage this behaviour by following guidelines, approaching the situation with calmness and offering people space and reassurance until people's anxieties reduced. Staff were aware that PRN ('as and when needed') medicines could also be administered if this was required.

Staff were made aware of any changes to people's health and welfare at handover meetings and through the use of daily notes. This meant that staff were kept up to date and could provide appropriate support as and when needed. When changes occurred, care plans were reviewed and revised accordingly. This meant that the provider was now meeting legal requirements.

We could not improve the rating for responsive from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

## Is the service well-led?

### Our findings

At our previous inspection on 13 November 2015, we found the service was not organised in a way that promoted safe care through effective record keeping and quality monitoring.

At our inspection on 29 July 2016, we found that people's experience of using the service was assessed and monitored on a regular basis. We looked at the quality assurance checks that had been completed over a six month period. These included regular quality observation visits, auditing of care records, medicines records and health and safety environmental checks. This meant that improvements to the quality of the service were carried out when this was indicated.

Records in respect of each person using the service were being well maintained, completed accurately and reviewed in line with the provider's policies and procedures. People's care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential.

The provider had robust systems and processes in place designed to monitor and record accidents and incidents and any safeguarding concerns. Where action plans had been compiled, these were being followed to ensure people received care and support in a way that continued to protect them from any potential risks and that the quality of service was continually monitored and improved. This meant that the provider was now meeting legal requirements.

At our previous inspection on 13 November 2015, we found that the provider was failing to assist people to express their views and, so far as appropriate and reasonably practicable, accommodate those views. We also found that notifications of safeguarding matters and/or serious incidents were not sent to us when they should have been in a timely fashion so that where needed, action could be taken.

At our inspection on 29 July 2016, we discussed notifications with the manager of the service. It was clear that he understood his responsibilities and had sent statutory notifications that were required to be submitted to us for any incidents or changes that affected the service. We have received one notification from the provider since our last inspection took place in relation to a minor incident. Complaints records showed the provider had not received any formal complaints since our last inspection in November 2015. This meant that the provider was now meeting legal requirements in respect of this matter.

The manager had submitted an application to become the registered manager of the service. 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.

At our inspection on 29 July 2016, we found that people were supported by staff who were able to express their views and input ideas as to how the service should be run. This meant that staff were able to bring

about improvements (where these were needed) in the lives of the people they supported.

We asked staff about the support and leadership within the home. Staff said they were confident about raising any concerns they had and praised the manager for his supportive approach and kindness. A member of staff said, "The new manager is really good, very hands on, on the ball, he has made sure changes have been made, and things are a lot more professional. Care files are a lot clearer and easier to follow, there's a good management team in place, more settled staff and more permanent staff." Another member of staff told us, "[The manager] is a gentleman, he's easy to talk to and the morale of the team is high thanks to him."

Team meetings took place every four to six weeks. Staff meetings were well attended. We reviewed the meeting minutes for the last two meetings held and saw that staff were provided with a forum to discuss concerns and make suggestions and/or recommendations about how the service was run and where improvements could be made.

Staff told us and records confirmed they had regular work supervision meetings to discuss their performance and training needs, annual appraisals and team meetings. Staff told us the service supported whistleblowing and staff felt confident voicing any concerns they had about the service.

The service involved advocates, family members (where appropriate) and health and social care professionals in reviews of people's care and followed the best interests decision making process when changes to care and treatment were advised. This meant that the provider was now meeting legal requirements.

We have revised the rating for this key question from 'Inadequate' to 'Requires improvement' as improvements were evident. However, to improve the rating further would require consistent good practice over time. We will check this during our next planned comprehensive inspection.