S&S Support Services Ltd

Clayhall House

Inspection report

60 Ewellhurst Road
Ilford
IG5 0PB

Tel: 02035650483
Website: www.sands-support-services.com

Date of inspection visit:
08 May 2019

Date of publication:
21 June 2019

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Clayhall House is a 'supported living' service and is registered to provide the regulated activity of personal care to people living in their own home. At the time of the inspection three people were being provided with a service.

People's experience of using this service
The principles and values of Registering the Right Support and other best practice guidance ensure people with a learning disability and or autism who use a service can live as full a life as possible and achieve the best outcomes that include control, choice and independence. At this inspection the provider had ensured they were applied. The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways; people's support focused on them having opportunities to, remain, and become more independent.

People were supported to have maximum choice and control of their lives and staff did support them in the least restrictive way possible; the policies and systems in the service did support this practice. However, mental capacity documentation, that ensured people's decision making rights were upheld, were not always completed correctly. There were no consent to care agreements in place at the time of the inspection. The registered manager rectified these issues upon being informed. We have made a recommendation around recording consent.

Staff were aware of their responsibilities with regard to abuse. The service had safeguarding systems in place. There were risk assessments in place to monitor and record risks to people. There were sufficient numbers of staff to care for people. There were robust recruitment practices in place. Medicines were managed safely. Staff knew about infection control. Lessons were learned when things went wrong.

People's needs were assessed before they started using the service. Staff received induction, training and supervision in their roles. People were supported to eat and drink. Staff recorded their care activities and shared them appropriately with other agencies. People were supported to access proper health care services.

People and relatives told us staff were caring and knew their jobs. There were policies and documentation to support equal opportunities. People's views and preferences were captured in care plans. Where beneficial or required, people's relatives were involved in care plan reviews. People's privacy and dignity were upheld and their independence promoted.

People's needs and preferences were recorded in care plans. These highlighted goals and outcomes people wanted to achieve and work towards with the support of the service. People were supported to attend activities. People and relatives were aware of their right to complain. No one at the service was at the end of their life but the service told us they were capable to support people should the need arise.

The registered manager had not completed a statutory notification, but did so upon our request following the inspection. Staff were aware of their responsibilities. The director and registered manager had plans to increase care at the service, with input from people. There were new quality assurance measures the service was going to implement; we saw a variety of audits and checks that ensured the quality and safety of the service was monitored. Staff thought highly of the management. People, relatives and staff were engaged in the service through regular meetings. The service had forged links with the local community and worked with others.

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

Rating at last inspection
This service had not previously been inspected as it was a new service having been registered in June 2018.

Why we inspected
This was a planned inspection that was part of our inspection schedule. We inspected the service because it was under a new registration. All newly registered services are inspected within 12 months of their registration.

Follow up
We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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? The service was safe. Details are in our Safe findings below	**Good**
Is the service effective? The service was not always effective. Details are in our Effective findings below.	**Requires Improvement**
Is the service caring? The service was caring. Details are in our Caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our Responsive findings below.	**Good**
Is the service well-led? The service was well-led. Details are in our Well-Led findings below.	**Good**

Clayhall House

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
There was one inspector.

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

Notice of inspection:
We gave the service 24 hours' notice of the inspection site visit because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us. Inspection site visit activity started on 8 May 2019 and ended on the same day.

What we did

Before inspection we looked at:
The Provider Information Return. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also wrote to the local authority and asked them for feedback on the service.

During and after inspection:
We spoke with two people who used the service. We also spoke with two relatives. We looked at three people's care records, records of safeguarding, accidents, incidents, complaints, audits and quality

assurance reports. We spoke with four members of staff; two carers, the registered manager and one director of the service.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Good: People were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

● Staff were aware of their responsibility to report allegations of abuse. One staff member told us, "Have to report abuse straight away." Another staff member added, "I would go to local authority or CQC (Care Quality Commission)" if they witnessed staff or management abusing someone. We saw that staff had completed safeguarding training and the service had safeguarding vulnerable adult's policy and whistle blowing policy in place. These all made clear staff responsibility to report any allegations of abuse and to ensure people's safety.

● The registered manager showed us their processing safeguarding concerns and we saw when an alert had been made to the local authority.

Assessing risk, safety monitoring and management

● Risks to people were assessed, monitored and managed. We saw personalised risk assessments for people's behaviours, their physical health concerns and what could happen to them in certain situations. These assessments were scored so staff knew whether people were at higher risk or not and they included actions that could mitigate risks. This meant the service sought to keep people safe through monitoring, managing and recording risk to people.

● The service also monitored environmental factors in people's home to keep them safe. We saw that fire risk assessments were completed, fridge and freezer temperatures were monitored and other health and safety checks documented.

Staffing levels

● People and staff and mixed views on staffing levels. One person said, "If there's only one person here, you can't go out." A staff member told us, "We have enough staff." We saw the staff rota and that there were sufficient number of staff working. Staff also told us that if necessary the registered manager and person who owned the service would assist in caring for people if they were short staffed. We saw no evidence of their being short staffed.

● There were robust staff recruitment processes in place at the service. All staff had completed pre-employment checks to ensure their suitability for the roles.

Using medicines safely

● People told us they were supported with their medicines. A person told us, "They give me tablets for breakfast and the evening, they always offer a drink." We observed staff administering medicines and saw they did it according to their policy. Staff also completed competency tests to demonstrate their proficiency in administering medicines.

● There was various documentation to support the administration of people's medicines. Staff completed Medicine Administration Record (MAR) sheets to record what medicine people took and when they took it.

People's care plans recorded relevant information about people's medicines and whether there was any risks associated in taking medicines.

Preventing and controlling infection

● Staff understood the importance of good infection control practices. One staff member said, "Washing hands, use soap all the time, we use gloves and aprons.". The service maintained monthly infection control audits that followed the service's policy for infection control. This meant that there was decreased risk of people being infected due to the services monitoring and management of infection control.

Learning lessons when things go wrong

● The service learnt lessons when things went wrong. There were incident and accident policies that guided staff on what to do in those type of situations. There had been no accidents at the time of our inspection, but there had been incidents, and these had been recorded appropriately and actions identified to mitigate the risk of them happening again. There was evidence that these incidents were then discussed at team meeting and the learning shared with staff.

Requires Improvement

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.

Requires Improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Care plans contained mental capacity assessments and best interest forms in their care plans. However, we found these were not always recorded correctly and none had been signed to establish who had completed them.
- One person's mental capacity assessment had been copied from another person's assessment and therefore contained incorrect information. Another person's care plan contained contradictory information in their financial care plan, a budgeting risk assessment and their mental capacity assessment and best interest form. The mental capacity assessment and best interest form stated the person had no issues with budgeting and finance whilst the care plan and risk assessment asserted the person needed support with budgeting.
- There were no consent to care agreements in people's care plans. This meant there was no explicit agreement in place to record that people, or those who advocated for them, agreed with the care they were receiving. We recommend that the service consider current guidance on recording consent and take action to update their practice accordingly.
- We spoke with the registered manager about these issues and they immediately addressed the administrative flaws we found and informed us that the contradictory evidence we found would be corrected at an upcoming review the person was due to have.
- People told us that staff sought consent before providing care. One person said, "They ask my permission." Relatives who made decisions on behalf of a person using the service told us their input was sought when important decisions needed to be made.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- People's needs were assessed before they began using the service. These were recorded in pre-admission forms that comprehensively covered different areas of people's lives. They focused predominantly on where people might need support. They covered people's levels of independence, their personal and domestic care needs, their health concerns as well as many other topics that would provide important information about people's lives. This meant that people knew the service could meet their needs if it worked with them.

Staff support: induction, training, skills and experience

● Relatives told us staff knew how to do their jobs. One relative said, "They are capable." Staff had inductions when they started work so that they knew what they were supposed to be doing when they began working with people. We saw a record of the training people had which included training specific to people's needs that had been provided by healthcare professionals. This meant people were care for by staff who had been trained to support them.

● Staff told us they felt supported by their managers. One staff member said, "Yes we have supervision every six months with and talk about everything." Records confirmed that staff were provided supervision and could discuss their work and any issues that may affect their fulfilling their role.

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

● People were supported to eat and drink. We observed staff supporting people to cook food. We saw that all staff had received training in food hygiene. Food menus were decided by people each week, but they could eat what they wanted when they wanted. Care plans recorded people's preferences around food and whether any support was necessary with respect to food, nutrition and eating.

Staff working with other agencies to provide consistent, effective, timely care

● We saw documentation that demonstrated that staff recorded relevant daily interaction with people. Where necessary this information was shared with other health and social care professionals involved in people's care.

Supporting people to live healthier lives, access healthcare services and support

● People were supported with their health care needs. One person told us, "They get the GP to come and I saw the doctor." Care plans recorded people's health care needs and we also saw various correspondence between health care professionals and the service that indicated people were supported to live healthier lives.

Good

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.

Good: 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

- People and relatives told us that staff were caring. One person said, "They do their job, what they are supposed to do." A relative said, "I think so - they are caring." Staff we spoke with knew the people they worked with and were able to tell us their likes and dislikes and how they supported them access various community settings, some of which revolved around people's faith.
- The service sought to treat all people without discrimination. Discussions with staff highlighted that people were spoken about in respectful terms. People's care plans recorded how they wanted to be treated and sought to identify whether they had cultural needs and how best to meet them. Policies and documentation highlighted the importance of fairness, inclusion and no discrimination. around faith, sexuality, diversity and choice.

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

- People's views and preferences were recorded in their care plans. Care plans were created by health professionals involved in people's lives and then followed by staff at the service. Care plans were informative and descriptive indicating that people and relatives involvement in their completion. Reviews were completed regularly with people, relatives, service staff and health professionals providing input on how people had been and how their care has been provided since last reviewed and what further care should look like. We spoke with people and relatives who confirmed they had been involved in care planning.
- Staff had regular key work sessions with people where people's goals and needs could be discussed. Key work meeting records we saw reflected people's views and fed into people's care plans. Key work notes were signed to indicate that people were involved in the meeting.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us privacy and dignity was respected. One relative said, "Yes, definitely [staff respect relative's privacy and dignity]." We observed staff knocking on doors and speaking to people in respectful terms. There was a privacy and dignity policy that stated staff should 'always treat service users with sensitivity, respect and thoughtfulness.'
- Staff understood the need to maintain people's confidentiality. One staff member told us, "I don't discuss about the clients with anyone outside the service." Confidential records were stored securely either electronically or in locked filing cabinets. This helped to protect people's right to privacy.
- Staff understood the importance of promoting people's independence. One staff member told us, "[Person] is doing exercise… they need encouragement, we do it." Care plans reflected what staff told us, there were goals and outcomes for people that focused on increasing their independence.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

Good: 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

● People's care needs and preferences were recorded in care plans that were personalised for the individuals using the service. This information guided staff how best to support people. The information was contained in a variety of assessments, care plans, risk assessments and other documentation. They recorded people's health needs and behaviours and how to work with people in a way that best suited them.

● Care plans highlighted what people were known to be capable of doing, what they needed support with and when to encourage them. For example, one care plan we read stated, 'I can make basic day to day decisions for myself around day to day living needs' and 'I will require prompting when trying new things.'

● Staff met with people regularly to discuss their needs at key work meetings. These key work meetings aimed to support people with things they needed to do with their lives, often focusing on goals people wanted to achieve. Key work meeting notes we saw covered finance, family contact, health and wellbeing and activities.

● People were supported to complete and attend activities of their choosing. Staff met with people individually and in groups to discuss activities they would like to do. We noted activities such as day trips, exercise classes, community visits and going out for food.

● Care plans were reviewed every three to six months or when changes occurred in people's lives. These reviews often involved other people, including other professional agencies involved with peoples care and those who made decisions in people's best interests.

Improving care quality in response to complaints or concerns

● People told us they could complain if they wanted to. One person said, "Yes I can complain if I want." At the time of our inspection the service had received no complaints. The registered manager showed us how they would deal with a complaint should they receive one. This reflected what was written in their complaints policy, which was available to people in easy read format. We also saw meetings held with people where concerns raised were dealt with at the time.

End of life care and support

● At the time of our inspection there were no people using the service who were at the end of their life. The registered manager and director had both had training on end of life and said they felt confident they could work with people in those circumstances. They service had recently changed companies that supplied policies and were able to show us the new policy which they hoped to implement should they need to.

Good

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.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager and director of the service had plans for a further admission of someone new to the service. They assured us that people would be involved in the process and they had the staffing capacity to maintain high quality care with this extra support being provided.
- The provider had already arranged for new policies and quality assurance processes to be implemented and were able to show us these at inspection.
- Staff spoke highly of the registered manager and director of the service. One staff member told us, "They are brilliant, both of them amazing people."

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

- The registered manager had not completed a statutory notification, informing the Care Quality Commission when they had provided a safeguarding alert to the local authority. This is a regulatory requirement. The registered manager told us this was an oversight and they thought they had completed at the time. They completed one shortly after the inspection.
- Staff told us they were aware of their responsibilities. One staff member said, "We know what we're supposed to do, care for people." There were job descriptions in staff files that covered staff roles and what they were supposed to do.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People, relatives and staff held meetings where changes to peoples care and how the service is run were discussed. We saw meeting minutes that evidenced these discussions. Topics included people's happiness at the service, activities wanted and cultural needs being met.
- The service worked in partnership with other services and agencies for the benefit of people using the service. These links included professional relationships with healthcare providers and associations providing support to people with learning disabilities.

Continuous learning and improving care

- The service had quality assurance measures in place to monitor and improve the care provided. These measures were compiled of regular audits and checks on systems and processes in place. Audits and checks we saw included infection control, health and safety, fire safety, medication and training.