

Support for Living Limited

Support for Living Limited - 1 St Quintin Avenue

Inspection report

1 St Quintin Avenue
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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:

1 St Quintin Avenue is a care home registered to provide care and accommodation for up to six adults with a learning disability or an autistic spectrum disorder. At the time of this inspection there were five adults living at the service. The accommodation comprises a communal lounge, kitchen and separate dining area, a laundry room, communal bathrooms and toilets and a garden area with seating. Bedrooms do not have en-suite facilities.

People's experience of using this service:

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

People and their relatives were involved in the planning of their care. Improvements were required to ensure all care documentation was reviewed and updated on a regular basis.

Staff supported people to access appropriate healthcare services. However, recommendations from healthcare professionals were not always being transferred into daily practice.

People were safe from harm because risks to people's health and wellbeing were assessed, mitigated and reviewed appropriately.

Staff had a good understanding of people's preferences and promoted people's freedom and independence.

People trusted the staff working with them and staff supported people in a kind and caring manner.

People were supported to eat and drink enough to ensure they maintained a healthy balanced diet.

People were supported to follow their interests and participate in leisure and social activities.

The environment was well maintained and met people's needs appropriately.

The provider had systems in place to monitor the quality of the care provided and make improvements where needed.

The previous inspection rating was displayed in line with CQC requirements.

Rating at last inspection and update:

The last rating for this service was good (report published 31 March 2017).

Why we inspected:

This inspection was part of a scheduled plan based on our last rating of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Requires Improvement ●

Not all aspects of the service were effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-led findings below.

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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

This inspection was carried out by one inspector.

Service and service type

1 St Quintin Avenue is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service manager was registered with the Care Quality Commission. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons are legally responsible for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the provider a days' notice of the inspection site visit because it is a small service. We needed to be sure that someone would be in to support us with the inspection process.

What we did before the inspection

Before the inspection took place, we reviewed information we held about the service. This included

notifications which providers or others send us about certain changes, events or incidents that occur and which affect the service or the people who use it. We also reviewed the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We used a number of different methods to help us understand the experiences of people being supported by the service. Not everyone was able to provide feedback about their direct experience of using the service as they were unable to express themselves verbally. We spoke with two people using the service and a relative. We spoke with two people using the service and a relative. We spent time observing interaction between people and the staff who were supporting them. We spoke with the registered manager, a deputy manager, two members of staff on duty and a visiting regional manager. We looked at people's care records and related documentation and correspondence. We looked at supervision, training and appraisal records, policies and procedures, three staff files, as well as records relating to the management of the service.

Following the inspection, we contacted but did not hear back from a representative from the local authority commissioning service. We received feedback about the service via email from a local authority quality monitoring representative.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good.

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing continued to be assessed, managed and reviewed appropriately.
- Risks within the home environment were being assessed appropriately and firefighting equipment continued to be regularly serviced.
- People had personal emergency evacuation plans in place detailing what support they required to evacuate the building in the event of an emergency.
- People's money was being managed safely.

Systems and processes to safeguard people from the risk of abuse

- People using the service were protected from improper treatment.
- Staff told us and records confirmed they had completed safeguarding training. Staff were able to provide examples of the types of abuse people living in the service might be at risk of and knew what processes to follow in terms of recording and reporting.

Using medicines safely

- Staff continued to manage people's medicines safely and as prescribed.
- Medicines administration records (MAR) were in use and staff were completing these appropriately with no gaps.
- Medicines were stored appropriately. Staff were aware that medicines requiring refrigeration needed to be stored accordingly.
- Medicine checks were undertaken daily and weekly with further audits carried out on a monthly basis.

Preventing and controlling infection

- Staff took pride in keeping all areas of the home clean and tidy.
- Staff had access to personal protective equipment such as disposable gloves to prevent the spread of infections.

Staffing and recruitment

- There continued to be enough staff to meet people's needs.
- We were unable to review recruitment records during the inspection as these were held at the provider's main office. We received confirmation via email from the registered manager that safe recruitment processes were being followed.

- The provider requested a minimum of two references for prospective employees and carried out identity checks to ensure that staff had the right to work in the UK.
- Disclosure and Barring Service (DBS) checks were made before any offers of employment were confirmed. The DBS helps employers make safer recruitment decisions.

Learning lessons when things go wrong

- Staff understood their responsibility to report and record any accidents, incidents, events, complaints and concerns.
- The provider reviewed incidents to ensure all necessary steps were taken to minimise repeat occurrences and learn from mistakes. This included carrying out investigations, supervision and discussions at team meetings.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Initial assessments had been completed and were used to design comprehensive care and support plans for people ensuring their needs could be met by staff at the service.
- Care records included contact details for GPs, family members and other relevant healthcare professionals. We found examples where recommendations from a person's dentist were not being followed and where information relating to a person's seizures was not being consistently recorded. We discussed this with the management team who agreed to review all recommendations and put in place systems to monitor and act on guidance more effectively to ensure optimum health outcomes for people using the service.

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

- People's health needs were documented in their care plans along with a record of medical appointments and related correspondence. However, we noted that people's health action plans did not always reference the most up to date information about their health. For example, one person's plan referred to a medicines review that took place in 2016 despite the deputy manager stating that this person's medicines had recently been reviewed and changed.
- People's day to day health needs were managed by the staff team with support from family members and a range of healthcare professionals such as GPs, speech and language therapists (SaLTs), occupational therapists, social workers, opticians and dentists.
- Staff sought advice and guidance from relevant healthcare professionals to help inform care planning for people with behaviours that challenged.
- Each person had an hospital passport/emergency admission plan in their care file. This meant hospital staff had information about people's care needs and how they liked to communicate with people.

Adapting service, design, decoration to meet people's needs

- People's individual needs were met by the adaptation of the premises. The service was newly decorated, clean, fresh, light, bright and homely. People had personalised their rooms with their own pictures, posters and possessions.
- A spacious communal dining area led on to an enclosed garden area. The registered manager told us the whole area was due a makeover by a local group of volunteers. We were told that this would result in the

necessary removal of dead plants and rubbish giving way to new planting, updated garden furniture and a place where people could enjoy meals, barbeques, gardening activities and relaxation.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The provider had contacted the relevant local authority representatives regarding whether people's liberty was restricted, and they required a DoLS assessment.
- People's care records demonstrated that a best interest decision making process was adopted when people required complex medical treatment. Family members told us they were involved in care reviews and contacted by staff for advice and updates as needed.
- Staff promoted people's independence and respected their right to make their own choices.

Staff support: induction, training, skills and experience

- Staff continued to receive appropriate training relevant to their role. There was a comprehensive induction in place for new staff. Records showed this included elements of the Skills for Care common induction standards which have now been replaced by the Care Certificate.
- Mandatory training included safeguarding, health and safety, basic life support, fire safety and food hygiene.
- Staff told us they felt supported and received regular supervisions. Yearly appraisals had been scheduled to discuss staff roles and responsibilities and identify any further training needs.

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

- Staff continued to support people to maintain a healthy balanced diet. Weekly menus were discussed and planned with people to ensure meals were varied and well-balanced.
- Where there were risks or concerns relating to people's nutritional intake, staff sought guidance from relevant healthcare professionals.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question remained the same.

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

Respecting and promoting people's privacy, dignity and independence

- People were treated in a dignified way that respected their privacy and promoted their independence.
- Staff spoke with people in a caring and respectful way. We observed the registered manager and staff members sitting with people in communal spaces. Exchanges were warm and friendly and there was lots of laughter.
- The provider ensured that personal information was stored securely in line with the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they liked living at 1 St Quintin Avenue and got on well with staff members.
- A relative told us, "Staff are very patient, very kind and very helpful."
- People were supported to attend Church services, local carnivals and celebrations, listen to their favourite music and pursue their individual interests.

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

- People and their families continued to be involved in the planning and reviewing of their care.
- Our observations showed staff had enough time to spend with people engaging them in conversation, household tasks and other chosen activities.
- The registered manager told us people had access to advocacy services if required. Advocates are trained to act in people's best interests and represent people's views.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People received personalised care that had been planned for them. People's care plans and risk assessments continued to be person-centred and clearly detailed what people could do for themselves and what they required support with.
- Information was available about people's life histories, past interests and preferred activities. This information helps staff to understand each person's personality and history and ensures that people are treated as individuals.
- People's care needs were reviewed by local authority representatives, GPs and staff members as required.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was shared in different accessible formats to promote understanding, for example, using photos and pictures. This showed us that where possible, the provider was complying with the Accessible Information Standard.
- Care records recorded how people preferred to communicate and how this could be promoted. Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them
- Staff monitored people's health and wellbeing on a daily basis, and our observations showed these notes were detailed and documented any changes in people's health.
- Staff recorded information about activities people had taken part in. Organised activities included walks and visits to the park, cafes, pub and shops. Staff told us that people attended regular dance and music sessions at a local learning disability centre. Days out and holidays were planned with people and we were shown photographs of celebrations and special occasions people had been invited to.
- People were encouraged to maintain close relationships, maintain hobbies and interests and participate in all aspects of the local community.

End of life care and support

- At the time of our inspection no one at the service was receiving end of life care.
- There was some evidence that staff had begun to discuss end of life preferences with people and their relatives.

- The registered manager told us appropriate end of life training would be provided in the near future.

Improving care quality in response to complaints or concerns

- Systems were in place to record, investigate and respond to any complaints raised. People knew how to make a complaint and to whom. No formal complaints had been recorded since our previous inspection.
- The provider's complaints procedure was available to people using the service, staff and family members.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated good. At this inspection this key question remained the same.

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

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was supported by a competent and experienced deputy manager. The management team understood their responsibilities and were clear about their duty to be honest and open with people using the service, relatives, staff, stakeholders and others.
- The registered manager ensured that the relevant agencies were notified of accidents and incidents and conducted appropriate investigations when required.
- There were systems in place to check the quality of the service including reviewing support plans, medicines management systems, maintenance and health and safety. Where actions were needed these were recorded. The provider had an improvement plan in place to address any identified shortfalls and this included updating all care and support records onto a new hand held electronic recording system. The registered manager acknowledged that whilst staff were still learning how to use this new system some information about people's health needs had not been recorded or acted upon. Therefore, the registered manager had planned further training for staff, to ensure important information about people's health was not overlooked.
- External quality monitoring visits were taking place and demonstrated the provider's collaborative approach to ensuring the service met people's needs appropriately. The provider acknowledged and responded to recommendations appropriately.
- A copy of the most recent report from the Care Quality Commission was on display at the service and accessible through the provider's website. This meant any current, or prospective users of the service, their family members, other professionals and the public could easily access the most current assessments of the provider's performance.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The management team led by example and promoted a positive staff culture within the service. A member of staff told us, "When we need [the registered manager] he's always available. He interacts well with everyone." We observed this in practice during our visit.
- People were supported to have maximum choice and control of their lives because the staff team understood how to implement person-centred care that promoted people's health, safety and well-being.

- A relative we spoke with had no concerns with their family member's care and told us they would definitely recommend the service to others.

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

- There were opportunities for people, relatives, staff and visitors to provide feedback about the service via satisfaction questionnaires, review meetings and key working sessions. Holiday and activity plans were reviewed as a result of people's feedback.
- Daily staff handover meetings took place to ensure important information about people using the service was communicated between the staff team responsible for providing their care and support. Regular staff meetings were held to discuss people's care needs and anything else relating to the running of the service.
- The provider maintained good working relationship with people's social workers, GPs and pharmacists to enable coordinated care for people using the service.