

Support for Living Limited

Star Road Respite Service

Inspection report

49 Star Road
Isleworth
Middlesex
TW7 4HU

Tel: 02085685133
Website: www.certitude.london






Date of inspection visit:
10 September 2019

Date of publication:
17 October 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Good 
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

About the service

Star Road Respite Service is a care home providing short stay accommodation for adults with learning disabilities in the London Borough of Hounslow. Up to seven people can stay at the service at any time, and around 75 different people use the service. On the day of the inspection five people were staying at the 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's experience of using this service and what we found

People were generally happy using the service. Most relatives and professionals felt that people received a good service. Although some commented that people did not always have support to take part in a range of stimulating activities. Relatives felt people's care needs were met and some felt the service provided an invaluable support for the person and their family.

However, a number of relatives and professionals told us that communication within the service was problematic. They had experienced problems which had a detrimental effect, for example people missing out on activities. Some also told us they felt staff needed more training to support people who had sensory or communication needs. There was a diverse range of needs because the group of people using the service was so large.

The staff were kind and caring towards people. They told us they were supported and they had the information and training they needed to care for people. However, the staff had not received specific training regarding autism, sensory needs and learning disabilities. People using the service had these needs and, whilst the staff were familiar with the individuals they were supporting, they did not have the information about best practice guidance which might help them improve the way people were supported.

People were safely cared for and the staff had assessed the risks to their safety and wellbeing. They had enough to eat and were able to make choices about their care whilst staying at the service. They received their medicines in a safe way and their care was planned for according to their individual interests and needs.

The provider had systems for monitoring the quality of the service and making improvements. They investigated complaints, accidents and incidents. There were planned improvements to the service and some of these were based on feedback from relatives and other stakeholders. Relatives were able to attend

regular meetings and share their experiences.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used some restrictive intervention practices as a last resort, in a person-centred way, in line with positive behaviour support principles.

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

Rating at last inspection

The last rating for this service was Good (published 22 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

Good 

The service was safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement 

The service was 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?

Requires Improvement 

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement 

The service was not always well-led.

Details are in our well-led findings below.

Star Road Respite Service

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was conducted by one inspector.

Service and service type

Star Road Respite Service is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used 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 looked at all the information we held about the provider which included notifications of significant events, information from the public and the last inspection report.

We used all of this information to plan our inspection.

During the inspection

We met the five people who were staying at the service. We observed how they were being cared for and supported and looked at the environment. We also met three support workers and the registered manager. We looked at the care records for six people who used the service, records of staff training and other records used by the provider to monitor and manage the service.

After the inspection

We received feedback from the relatives of six people who used the service and three external professionals.

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 requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- At the last inspection we found that medicines were not always managed in line with best practice guidance. At this inspection, we found improvements had been made and people received their medicines in a safe way and as prescribed.
- However, we found that one medicine's prescription label was worn so the writing was hard, but not impossible, to read. We discussed this with the registered manager. They explained that they had raised this issue with staff and families in the past and would do so again. They told us their procedure was not to accept any medicines where labels were hard to read.
- There were appropriate procedures regarding medicines management. Staff received medicines training and had their competency to safely administer medicines assessed. Medicines were stored securely, and records were accurately completed.
- People using the service bought their medicines with them and took them away at the end of their stay. There were systems for recording this. The staff checked the medicines and records relating to administration three times a day.
- Each person who was prescribed medicines had a profile detailing their needs and information about their medicines, any allergies and health conditions. There were protocols regarding PRN (as required medicines) detailing the circumstances when these should be administered.

Staffing and recruitment

- There were enough staff working at the service to support people and keep them safe. However, not all of these staff were employed by the provider. The registered manager explained there had been a high number of staff vacancies at the service for some time. The provider sourced staff from a recruitment agency to ensure they maintained the right staffing levels. Some of the staff from the agency regularly worked at the service. The registered manager told us recruitment was ongoing and they hoped two new members of staff would be starting at the service shortly, reducing the reliance on agency staff.
- Some relatives told us there were regular changes in the staff team. However, relatives did not feel this had a particularly negative impact on the care people received.
- The provider had recruitment systems in place for making sure suitable staff were employed. However, they did not share information about references from previous employers or application details with the registered manager. This meant the registered manager did not always have the information about new staff, although they had been told if there were concerns regarding their suitability or conduct. The registered manager told us this system was changing and all recruitment documents would be uploaded to a system which they would be able to view. This change was planned for later in 2019. The registered manager obtained profiles regarding agency staff which outlined information about their recruitment and training.

Systems and processes to safeguard people from the risk of abuse

- There were appropriate systems and processes to safeguard people from abuse. The staff received training regarding safeguarding adults and whistle blowing. They also discussed these topics in meetings with the registered manager. Therefore, the staff knew how to recognise and report abuse.
- People's relatives and the professionals we spoke with told us they thought people were safely cared for.

Assessing risk, safety monitoring and management

- The staff had assessed the risks to people's safety and wellbeing. They had recorded these assessments and how risks should be mitigated. Care records also included guidance from healthcare professionals about risks, such as the risk of choking and how this should be reduced, and risks associated with people's healthcare conditions. Therefore, the staff supporting people had the information they needed about how to keep people safe, and how to monitor and manage the risks to their wellbeing.
- Where people who used the service communicated in a way that could challenge the staff, this had been assessed and planned for. The staff received guidance and support from external professionals on the best way to support people.
- The risks within the environment had been assessed to make sure it was a safe place. There were regular checks on health and safety and fire safety to make sure the service remained safe. Each person had an individual personal evacuation plan, so the staff knew how they should be supported to evacuate the building in an emergency.

Preventing and controlling infection

- There were systems for preventing and controlling infections. These included training for staff, deep cleaning schedules and audits of cleanliness and infection control.

Learning lessons when things go wrong

- The provider had systems for learning from incidents, accidents and complaints. These were recorded and discussed in team meetings. The staff discussed how things could be done differently and if there were any changes they needed to make to the service. These including contacting external professionals for advice, support and guidance.
- The information was also shared with the provider's quality team who reviewed all adverse events and discussed these with the registered manager if they felt further improvements were needed.

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.

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

- One relative we spoke with told us they had concerns about the quality of food at the service. They explained their relative needed a packed lunch for day placements. They said that when the person had stayed at the service, their day placement had contacted them to say the lunch was insufficient and the relative had taken in additional food. The provider told us that this had happened once and was a mistake which they had rectified. However, feedback from others indicated they were happy with the food provision at the service.
- The staff recorded information about people's nutritional needs, including dietary needs, likes and dislikes and any risks relating to these needs. The information was contained within care files and also displayed in the kitchen so the staff had easy access to information about allergies and choking risks. However, one relative told us that a person using the service had been given food they specifically did not like.
- People were involved in shopping for and preparing meals whilst they stayed at the service. They were able to make choices about meals and planned menus were displayed as words and pictures, so people knew what to expect for each meal.

Staff support: induction, training, skills and experience

- Staff had not received specific training regarding autism, sensory needs and learning disabilities. People using the service had these needs and, whilst the staff were familiar with the individuals they were supporting, they did not have the information about best practice guidance which might help them improve the way people were supported.
- Staff had completed a range of other training and information to help them to understand about their role. Their competencies and skills were regularly assessed by the registered manager.
- New members of staff undertook a comprehensive induction to the service and in respect of working for the provider. The staff told us this had helped them to understand about people's needs and had been useful.
- There were regular meetings for the staff, as a team and also individual meetings with their line manager to discuss their work and performance. The staff told us these meetings were useful. They had opportunities to discuss their experiences and any development or training needs they had.
- There were handovers of information between each shift and the staff used communication books to make sure they had the information they needed about the people who they were caring for.

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

- Feedback from some healthcare professionals included the concern that staff did not always make timely referrals for people staying at the service on a semi permanent basis. The professionals also said that the staff did not always follow their guidance and therefore it had been difficult to monitor changes in some people's health needs.
- The service was not normally the main home for people and therefore the provider was not responsible for coordinating or managing how people's healthcare provision was being met. However, they had created healthcare plans and clear information about individual needs and the healthcare professionals who supported people. Where additional guidance had been shared with families about people's healthcare needs, the provider had obtained copies of this and incorporated it into healthcare plans.
- Some people were living with specific healthcare conditions which impacted on their daily lives. The provider had information about these and the support they needed from the staff whilst staying at the service. This included monitoring specific conditions, such as seizures, and sharing this information with families and other healthcare professionals.

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

- The service provided short stay accommodation for people. As part of the assessment of their needs, people were invited to 'tea visits.' Visits where they could share a meal and spend some time with others at the service. The registered manager told us the staff made observations and assessed people during these visits, which also gave the person opportunities to get used to the service.
- The registered manager met with people and their families to ask them about their needs. They told us families provided a lot of information and they continued to liaise with them before each visit to make sure they had the most up to date information about the person's needs.
- The registered manager told us they matched groups of people according to their needs, personalities and friendships. This meant they usually stayed at the service at the same time as other people who were a good match or their friends.

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

- The building was a bungalow with seven bedrooms. Some bedrooms and the bathrooms were accessible to people with physical disabilities, including those who used hoists to move around. Three bedrooms were equipped with sensor mattresses and could be used to alert staff if a person had a seizure. People generally chose the same bedroom which they were able to use for each stay. There was a call alarm system which alerted a device the staff wore whilst on shift.
- The building was well ventilated, light and spacious. People were able to move around the environment without restrictions. There was a secure garden which people could access from the lounge.
- The provider was planning a refurbishment of the building. This included plans to redecorate, new floors and upgrading the kitchen.

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 when this is in their best interests and legally authorised under the MCA. 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.

- Information about people's mental capacity and communication needs was recorded within their care plans. The provider had applied for DoLS for people who needed these. Information about this and the authorisations was recorded within the care files.
- The staff understood about mental capacity and had received training about this. People were offered opportunities to make decisions about their lives when staying at the service. The provider met with people's families to make sure decisions were made in their best interests. The provider was not responsible for making complex decisions or those involving healthcare (apart from in emergency situations).

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 has remained the same. This meant 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

- The relatives of people using the service and professionals told us the staff were kind and caring. They felt people were treated respectfully. We observed interactions between staff and people using the service were polite, friendly and thoughtful. People using the service appeared comfortable and relaxed. Those who gave us feedback about the service confirmed this was always the case with one professional commenting, "The service users seem very comfortable and have a good relationship with the staff team."
- There were examples where the provider had provided additional stays for people so that their families could attend special events, such as weddings and trips abroad, which they would not have been able to do if they had been looking after the person who used the service. One relative also explained the service had provided additional day care when they needed to attend hospital appointments and did not want their relative distressed by this.
- The staff completed training in equality and diversity, but this did not include information about how to support people who identified as LGBT+ (Lesbian, Gay, Bisexual and Transgender). There was no information for staff about how to provide an LGBT+ inclusive environment. This meant that people may not feel able to disclose their identity. The registered manager agreed to look at training opportunities and information for staff. The registered manager told us they offered support to people from a number of different cultural backgrounds and religions and were able to provide culturally appropriate food.

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

- People using the service were able to make decisions about how they spent their time when they stayed at the service. Information about their preferences was recorded, as were records about the time they stayed in the past, so the staff could review these and plan activities which reflected people's wishes and choices.
- The family members told us they were involved in making choices about people's care and they had been encouraged to share information about the person. The registered manager organised quarterly coffee mornings for family members to visit and discuss the service, any concerns they had and ask any questions. This ensured they were involved and they were given opportunities to express their views.

Respecting and promoting people's privacy, dignity and independence

- The staff treated people with respect. People were able to spend time in their bedrooms and staff knocked on bedroom doors before entering. The staff addressed people respectfully. Preferences regarding the gender of staff who provided intimate personal care were recorded in people's care plans.
- People were encouraged and supported to do things for themselves and learn independent living skills. For example, people were involved in preparing food and shopping. People's skills and abilities were

recorded in their care plans, so the staff knew if someone was able to do something independently.

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 deteriorated to requires improvement. This meant people's needs were not always met.

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

- Most feedback we received about this was positive, although one relative told us that whilst their relative was staying at the service they were left without any structured activities for three days. Another person told us they thought the staff were good at interacting with fairly independent people with verbal communication, but not so good at finding activities for people with sensory, communication or physical disability needs.
- We discussed the need to provide more inclusive activities for people with limited communication and those with sensory needs with the registered manager. They told us they were planning more activities and looking at training for the staff to better understand these needs.
- The service provided support for people to maintain relationships with friends and peers because people had short stays on a regular basis. The registered manager and staff told us they organised activities based on people's likes and interests. These included trips out and activities such as music, craft and cooking at the service.
- The provider organised annual parties and special events when they invited all of the people who used the service. There were photographs of a recent barbeque which people had enjoyed. The provider also organised coffee mornings for families to discuss their shared needs and interests and to learn more about local learning disability services.

Improving care quality in response to complaints or concerns

- There was a complaints procedure and people were given information about how to make complaints. One person told us they had raised concerns but these had not been responded to appropriately. They told us that improvements had not been made as a result of their concerns. For example, they had raised concerns when something had gone wrong for their relative. They said that the same thing happened again because the staff had not made the necessary changes to avoid this.
- There was a record of formal complaints and this was shared with the provider's quality team so they could monitor how the registered manager responded to these.

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

- Most people received care which met their needs. However, some feedback suggested that people's sensory, social and leisure needs were not being met.
- The staff had created care plans which gave details about their needs and preferences. People were invited to stay at the service with others who had similar needs and interests. The staff told us they organised activities and events to reflect these needs.

- The staff kept records of how people had been and what they had done whilst staying at the service. They used these to help plan for future visits and to monitor whether people's needs were being met.

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.

- The staff had created 'communication passports' for each person. These included information about how they communicated specific needs and any support requirements they had.
- There was a range of accessible information around the service, which included pictures and photographs to help people understand this information. For example, there were photo boards to show the staff who were on duty and who would be working later. There were also pictorial menus and information about planned activities.
- Some people had sensory impairments and limited verbal communication. One person with these needs had been staying at the service for an extended period. The registered manager told us they had referred the person for additional support from other professionals. They had shared guidance from these professionals with the team to help them understand the best way to communicate with this person.

End of life care and support

- The service was specifically designed as a short stay service for well people. Therefore, there was no end of life provision or support. The registered manager told us they recognised a need to record any specific wishes or religious needs, so the staff had information about these should someone unexpectedly pass away whilst using the service. However, they said this was a sensitive subject to discuss with relatives and had decided that they would use the next coffee morning to raise it as a subject so people with important beliefs and needs would know they needed to tell the provider about these.

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 as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Working in partnership with others

- The provider did not always work in partnership with others and this sometimes meant people did not receive joined up care. The majority of people who gave us feedback about the service told us that there was a problem with communication. Relatives said that when they left messages with staff these were not always shared with the right people. One relative told us that different staff and managers at the service had contacted them with conflicting information.
- Some of the professionals working with the service also told us communication had been problematic. One professional told us that the staff had not passed on essential information about people's needs and had not followed guidance they had set. Another professional commented that the staff did not make correct bookings for people to stay leading to people having to have their stay cancelled.

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

- Not everyone experienced a person-centred culture at the service. One relative told us that despite having asked about and recorded a person's individual likes and dislikes, staff had failed to follow this information and gave the person meals which contained food they did not eat. The relative also raised concerns that the person had not taken part in any activities when they stayed at the service.
- One person was staying at the service for an extended period at the time of our inspection. We observed the person was not engaged in activities for the majority of the day. Notes of their care indicated they usually spent time in the lounge listening to music with limited other activities. We discussed this with the registered manager who recognised the need to provide a more stimulating environment for the person.
- The local authority sometimes used the service in emergencies when people had nowhere else to live. This was the situation for one person at the time of our inspection. This impacted on others who had their planned short stay visits cancelled because there was not enough available space for them.
- Some relatives gave positive feedback about their relative's experience of the service.

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

- The registered manager understood about their role and responsibilities, They were experienced and had worked at the service since 2016. They were undertaking a qualification around management in care. They had a good understanding of the legislation and good practice guidance for care services. They attended forums provided by Skills for Care (an independent charity leading workforce development and working as a

delivery partner for the Department of Health and Social Care). This meant they kept themselves updated with information about workforce development.

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

- The provider had systems for responding to complaints, incidents and when things went wrong, including a policy on duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider engaged with stakeholders in order to obtain feedback about the service and share information. The registered manager organised quarterly coffee mornings for relatives of people who used the service. They arranged guest speakers who spoke about issues relatives had said they were interested in. They also gave families the opportunity to find out about the service and share their feedback and ideas.
- The provider asked people using the service, their representatives and staff to complete satisfaction surveys about their experiences. They had just sent out surveys at the time of our inspection and were waiting for responses.

Continuous learning and improving care

- The provider had systems to audit the quality of the service and make improvements. These included checks by the staff which were recorded, staff supervisions and meetings and audits by the provider. These identified where improvements needed to be made. The registered manager reported back to the provider's quality team, explaining how incidents, complaints and accidents were responded to.
- The provider had a data base where information about the service was recorded. This could be monitored remotely by the provider's quality team and senior managers, so they had a good oversight of the service.
- The provider was planning to introduce electronic care recording shortly after the inspection. This would allow the staff to record care provided in real time on hand held devices. This system was monitored by the provider. The registered manager told us there was a great deal of work transferring care planning information to the system for the 75 service users. This would detract from care hours unless they were given additional administrative support whilst the change over to the new system took place.
- A recent audit of the service by the local authority indicated they found the service was meeting their standards in all areas.