

Support for Living Limited

Support for Living Limited - 246 Haymill Close

Inspection report

246 Haymill close
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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?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

About the service

Support for Living Limited - 246 Haymill Close is a care home for up to 7 people with learning disabilities and/or autism. At the time of our inspection, 7 people were living at the service.

People's experience of using this service and what we found

The service was able to demonstrate how they were meeting some of the underpinning principles of right support, right care, right culture. However, they needed to make improvements to fully meet these.

Right Care

People received kind and compassionate care and staff respected their privacy, but their dignity was not respected at all times.

Staff understood and responded to their individual needs. They communicated with people in ways that met their needs.

The service had enough staff to keep people safe. Staff had training on how to recognise and report abuse and they knew how to apply it. Staff attended training and completed an induction to help them support people.

Right Culture

The provider's monitoring processes were not always effective in helping to ensure people consistently received good quality care and support.

There was a service culture of supporting people to receive compassionate care that was tailored to their needs, but we received mixed feedback about the leadership at the home.

The service involved people and those important to them, including advocates, in planning and reviewing their care.

Right Support

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; however the policies and systems in the service did not support always this practice.

Staff supported people with their medicines safely, but the medicines management arrangements were not always effective.

Staff enabled people to access health and social care support in the community.

People had some choice about their living environment and were able to personalise their rooms. Staff supported people in a clean and equipped environment and the provider had processes in place to maintain this.

The provider follow appropriate recruitment procedures to ensure only suitable staff were recruited to work at the service.

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 1 July 2022).

Why we inspected

We received concerns in relation to providing safe support to people. As a result, we undertook a focused inspection to review the key questions of Safe and Well-led only. We inspected and found there were concerns with promoting people's dignity and working in line with the Mental Capacity Act 2005, so we widened the scope of the inspection to become a focused inspection which included the key questions of Caring and Effective as well. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection. We have found evidence that the provider needs to make improvements. Please see the Safe, Effective, Caring and Well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Support for Living Limited - 246 Haymill Close on our website at www.cqc.org.uk.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We have identified breaches in relation to treating people with dignity and respect, safe care, record-keeping and governance at this inspection. Please see the action we have told the provider to take at the end of the full version of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Support for Living Limited - 246 Haymill Close

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was conducted by 1 inspector and 1 Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Support for Living Limited - 246 Haymill Close is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Support for Living Limited - 246 Haymill Close is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During our visit we spoke with a person who used the service, 3 support workers, the chef, the deputy manager, the registered manager and 2 area managers. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed a range of records relating to the management of the service including medicines support records, health and safety records, and quality checks of the service. We also spoke with 6 relatives of people who use the service and 3 professionals who had worked with the service recently. We continued to seek clarification from the provider to validate evidence found. We looked at procedures, staff training and recruitment records, medicines support checks, and 3 people's care plans and records.



Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Using medicines safely

- Risks to some people's safety were not consistently assessed, monitored and managed so they were supported to stay safe at all
- Professionals and relatives noted the provider had taken a number of months to obtain a sensor device as advised by a professional to help staff monitor when a person mobilised in their room. While we saw the home had other devices in place, delays in obtaining this device meant there was an increased risk the person may be harmed if they fell. We discussed this with the registered manager who told us they were in the process of arranging to get the new device installed.
- Staff told us and we observed that a person had a major aversion to syringes. However, this anxiety and how to sensitively support the person with appointments involving syringes was not set out in their care and risk management plans. This meant there were not sufficiently planned arrangements in place to help protect the person from the risks of experiencing avoidable distress.
- The provider had processes in place to support people to take their prescribed medicines safely, but these were not always implemented effectively at all times.
- Staff supported some people to take 'when required' medicines such as painkillers. The registered manager could not provide evidence that regular checks of stocks of these medicines were completed. This meant they could not always be assured of how much medicine the service was holding for people.
- Staff used medicines administration records to note when they supported people to take their medicines. We found these records did not always clearly record the dose of 'when required' medicines when staff had supported a person to take this. We discussed these issues with the registered manager so they could make improvements.

We found no evidence that people had been harmed however, these issues indicated the provider had not always identified and managed the above risks to people's safety and wellbeing so they were supported to stay safe. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People's care and risk management plans set out how to support people so they were safe. For example, how to support a person appropriately when using moving and handling equipment, such as hoists, or when a person may experience a seizure.
- Staff completed checks to minimise risks with the home environment. These included checks of utilities, water temperatures, the kitchen and laundry room and the equipment people used. The provider monitored the service to make sure these checks took place.
- There were fire safety arrangements in place, which included staff supporting people to practice

emergency evacuations.

- There was detailed information for staff about people's medicines, what they were prescribed for and potential side effects. There was guidance on when to support people to take their 'when required' medicines.
- Staff who supported people with medicines had completed training on how to do this safely and the provider assessed their competence to do so.

Learning lessons when things go wrong

- There were systems in place to record and learn from incidents and accidents.
- Relatives said the staff kept them informed of incidents and actions taken in response to these.
- We saw staff apologised when things went wrong and gave people appropriate support.
- The provider monitored incidents and accidents to make sure these were responded to and practice learning was identified.

Staffing and recruitment

- There were sufficient staff to help people be safe and meet their needs at the time of our visit. The registered manager explained they had recently increased staffing capacity in response to a change in a person's mobility needs. We saw staff providing one-to-one support to this person. Staff told us there were enough staff on shift. Relatives who visited the service also said they felt there was sufficient staffing.
- We saw some people had developed relationships of trust with the staff who worked with them. One professional told us the staff who had worked at the service for some time had a good understanding of people's needs and another professional said they observed staff have good rapports with people. A relative told the long-term staff understood people's needs well.
- The provider had appropriate recruitment processes in place so they only recruited suitable staff. These included Disclosure and Barring Service (DBS) and previous employment checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- Visitors were allowed into the home in line with national guidance.

Systems and processes to safeguard people from the risk of abuse

- There were systems and policies in place to protect people from avoidable harm and abuse. The provider worked with other agencies to do so when there were safeguarding concerns.

- Staff had training on how to recognise and report abuse and knew how to do so, including using whistleblowing processes. Staff and the registered manager felt confident in raising concerns and being supported by the provider when they did so.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant 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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service did not always ensure there were appropriate legal authorisations were in place to deprive people their liberty.
- The provider worked with relevant local authorities when people lacked the mental capacity to agree to their care arrangements and these may have amounted to a deprivation of their liberty in their best interests. However, we found the authorisations to deprive 3 people of their liberty had expired over 2 months before we inspected and the provider had not applied to review these. While we found no evidence people were at harm, this indicated the provider did not always take timely action to ensure people's care arrangements continued to be lawful and in their best interests. We discussed this with the managers who assured us they were in the process of re-applying for these authorisations at the time of our inspection.
- The service made sure it kept copies of legal authorisations to deprive a person of their in the best interests when these were authorised. The provider had worked with other professionals to meet the conditions of a person's authorised deprivation of liberty.
- Staff completed training on the MCA and deprivations of liberty. Staff we spoke with could explain how they supported people making day-to-day decisions in line with the principles of the MCA.

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

- The service supported people to meet their day-to-day health needs. However, we received mixed

feedback about how the service worked with other agencies to promote people's health and well-being.

- Some professionals had experienced an inconsistent and not always timely approach to working with them to make sure people's health and wellbeing was maintained or improved. For example, a healthcare professional had not always received regular communication about people's health needs as required. Other professionals said at times the service did not always share information and sufficiently detailed documents about people's care in a timely manner. This meant professionals may experience a delay in providing their assessment and support to a person.
- Staff supported people to have annual health checks and attend health appointments.
- Staff kept relatives informed about people's health. A relative told us, "I'm happy that the home keeps me informed and updated [about a person's] health, medical appointments and concerns."

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

- Staff supported people to eat to maintain a balanced diet and to drink so they were hydrated.
- People's care plans set out their food likes and preferences. There was assorted guidance for staff on how to support people to eat safely when they were at risk of choking or needed their food to be a certain consistency. Support staff we spoke with and the chef demonstrated they understood how to support people with this.
- Professionals had informed us of issues trying to provide training and guidance to the service on supporting people to eat safely. We discussed this with managers and saw they were working with partners to address this. The provider had recently arranged training for supporting people with dysphagia, which is when a person has difficulty swallowing.
- We observed staff supporting people to eat and drink safely in an unhurried manner. People were able to eat and drink in line with their cultural preferences and beliefs.
- Relatives told us they thought staff supported people to safely eat and drink enough and knew people's preferences. One relative told us, "There is a choking risk assessment in place which sets out the position [the person] should be in and how their food should be served."

Staff support: induction, training, skills and experience

- Staff said they felt supported by the registered manager and deputy managers. Some staff felt that their formal supervision meetings could be more regular but said they could speak to managers when they needed to.
- Staff took part in an induction, a range of training and received supervision to support people safely and said they found this helpful. This included training on working with people with a learning disability and autism. A staff member told us they appreciated the training opportunities available to them and said, "The sky is the limit with training with the company."
- Some staff explained how they helped to induct staff new to the service and people's needs. Staff said they felt supported by colleagues and one commented, "Staff are all friendly, wonderful people. They love the people. They give me their strength."

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

- The home environment was adapted to meet people's physical needs. For example, there were ceiling hoists to support people to transfer safely from a wheelchair to their bed or a bath. There was a lift available.
- People's care and support was provided in a clean, equipped and furnished environment that was free from unpleasant odours and met people's physical needs. The layout and furnishings in the home supported people's needs. Managers set out how they were in the process of re-assessing a person's bedroom environment to mitigate the risk of harm if the person experienced a fall.
- People were able to personalise their rooms and one person told us they had done this with their family's

involvement.

- During our visit we saw a radiator in a bathroom needed repair. The provider had processes in place that identified this and they were addressing it.

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

- People had lived at the service for a number of years and their care and support needs were set out in care plans that were reviewed regularly. Care plans set out people's known preferences, activities and things that were important to them in their daily living. This included information about their cultural background, activities, family and other important relationships.
- Care plans reflected an understanding of people's needs, including people's communication support and sensory needs. For example, a person's care plan set out how they may communicate various needs through their different behaviours in different situations. A relative commented, "The staff go out of their way to try and support [the person] and are aware of sounds and gestures [the person] makes and that helps them manage issues."

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; respecting equality and diversity

- Staff mostly treated people with dignity and respect, but we saw occasions when this was not consistent for everyone at all times.
- We observed instances when staff spoke to each other about a person over the person without including them in the conversations. We saw staff move a person's wheelchair and touch parts of the person's body without speaking with them and explaining what they were doing. The language some staff used to describe providing care and support did not always promote people's dignity.
- We saw staff cause some avoidable distress to a person when they introduced a visiting professional in a way that wasn't sensitive to the person's fears and preferences.
- We discussed these issues with the managers so they could make improvements.

This indicated the service did not always above shows people were not always treated with dignity or respect and their independence was not always promoted. This was a continued breach of Regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We also observed staff supporting people in a fun, friendly and respectful manner. For example, greeting people, making jokes with them and being at a person's eye level when speaking with them. Staff were kindly to a person when they became upset. A professional told us they had seen staff interact well with people. Relatives said staff treated people with respect and commented, "The staff look cheerful, say hello and always interacting with [the person]" and "There are some really nice staff."
- Staff explained how they promoted people's privacy and dignity when providing personal care.
- People's care plans promoted staff supporting people to promote their independence. Staff we spoke with described how they worked to do this, such as supporting a person to be involved in domestic tasks and applying to attend a college.

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

- Staff involved people and their relatives in planning and reviewing their care. This gave them opportunities to make decisions about their care. One relative said, "I'm happy that the home keeps me informed and updated."
- Staff took the time to understand people's individual communication styles and develop a rapport with them.
- We saw staff interact with people in a patient manner that gave a person time to make choices about their

care, such as when they were eating or when planning an outfit to wear for an event the following day.

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 our last inspection we rated this key question good. At this inspection the rating has changed 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The quality assurance systems had not always ensured that the service addressed risks to people's safety and well-being, protected people's rights and that people were always treated with dignity and respect. This meant the service did not provide good quality support consistently.
- The provider carried out a range of checks and audits to monitor the quality of the service and make improvements when needed. This system had not always been effective as it had not enabled the provider to take timely action to address some of the areas for improvement we had identified. For example, monthly audits of medicines support had not identified and addressed the issues we found.
- The provider did not always have effective systems in place to make sure people's care arrangements continued to be lawful and in their best interests when these may have amounted to a deprivation of their liberty.
- The provider did not always ensure maintain accurate and up to date records regarding the management of the service.
- A relative told us that records of a person's daily care did not always correspond with the verbal descriptions of events staff gave them, such as when an accident occurred. A professional commented that records of daily care did not always provide sufficient information about a person's behaviours and lived experiences.
- A professional told us the service was not able to readily provide accurate information about people's healthcare records or support when required, so as to inform their assessment of people's needs. We raised this with the registered manager and they told us they were implementing a new recording system to address this.

These issues indicated systems were not consistently robust enough to demonstrate safety and quality was effectively managed. This placed people at risk of harm. This demonstrated a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The management team were responsive to the matters we found and demonstrated a clear commitment to making improvements at the service. The provider's monitoring systems had also noted a number of requirements and the managers had developed plans to address these. These systems included periodic audits by area managers and visits by senior provider staff.
- The provider displayed the ratings for the last inspection at the home and on their website to inform people about the quality of the service.

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

- We were not assured the registered manager was sufficiently aware of the regulatory requirements regarding their duty of candour responsibilities. However, they did demonstrate understanding the importance of acting in an open, transparent manner when something goes wrong. We signposted the registered manager to duty of candour regulations guidance.
- The provider had duty of candour policies in place for responding and apologising to people when things went wrong.

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

- We received mixed feedback about the culture of leadership at the home. Some relatives felt information about several management changes over the last year had not always been well communicated to them. Some relatives said the most recent registered manager had not introduced themselves to them until we inspected. One professional described an inconsistent management culture at the service at the time of our visit.
- Professionals also told us staff and managers showed a good understanding of people's care needs and individual preferences. One professional told us the registered manager was focused on ensuring staff promoting people's choices in their daily living and "have their own voices."
- Staff spoke passionately about providing good care to people. Staff felt they worked together to do this and one member of staff said of their colleagues, "They are so committed and dedicated to the person, like a brother or sister."
- Staff said they were supported by the managers and felt able to raise concerns with managers without fear of what might happen as a result. One staff member said, "[The deputy manager] is like one of us most of the time, not sitting in the office."

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

- Relatives told us they felt involved in people's care and support and could contribute to support plan reviews. Some relatives said in the past they had received questionnaires from the provider to provide feedback on the service, but not for the last year.
- The provider also employed a 'Families Worker' and convened a Families Forum to facilitate relatives being involved in services.
- The registered manager held monthly team meetings to discuss service provision. Records showed these noted issues such as people's revised speech and language therapy guidelines, training requirements and new provider IT systems. The provider also conducted surveys to get feedback from employees. These provided staff with opportunities to contribute to the running of the service.

Working in partnership with others

- The service worked in partnership with other agencies, such as healthcare professionals and social workers, to help to provide coordinated care to people. Professionals said they could contact the service when they needed to, but some told us the service did not always share information and documents about people's care in a timely manner. This meant professionals may experience a delay in providing their service to a person.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect The registered persons did not ensure that service users were treated with dignity and respect.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered persons did not always ensure care and treatment was provided in a safe way for service users

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person did not always effectively operate systems and processes to assess, monitor and improve the quality of the service and to assess, monitor and mitigate risk

The enforcement action we took:

Warning notice