

Support for Living Limited







Support for Living Limited - 19 Haymill Close Shortbreak Service

Inspection report

19 Haymill Close
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Ratings

Overall rating for this service		Good	
Is the service safe?		Good	
Is the service effective?		Good	
Is the service caring?		Good	
Is the service responsive?		Good	
Is the service well-led?		Good	

Overall summary

This inspection took place on 13 November 2015 and was unannounced. The last inspection of the service was on 15 and 16 May 2014 and there were no breaches of Regulation identified.

Support for Living – 19 Haymill Close Shortbreak Service provides short term accommodation and personal care for up to three adults with physical and learning disabilities in order to give their carers a break from their caring responsibilities. At any one time the service can

Summary of findings

accommodate a maximum of three people for overnight stays. There were six people using the service at the time of our inspection, three of whom were using the service for an evening session of respite only. 25 people regularly used the service at the time of our inspection, for regular and emergency respite for a number of days per year based on local authority assessment of needs. People who used the service lived in the London Borough of Ealing.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People at the service were safe. Risk assessments were carried out and staff had detailed guidance on how best to manage and minimise any risk identified.

People were protected from avoidable harm or abuse by staff that knew and understood the principles of safeguarding and how to report abuse. People using the service behaved in a way which showed they felt safe.

People were supported with their medicines in a safe way by staff that had been appropriately trained.

There were sufficient levels of trained and well supported staff to meet people's needs. Relatives told us staff had a good understanding of their family member's needs and preferences.

People's consent to care was sought by the service prior to any support being provided. People were supported to

make decisions and choices about their care and support needs. The provider met the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) to help ensure people's rights were protected.

Care was provided in a personalised way which met individual needs. People engaged in social activities of their choice. The staff worked closely with family members so that each respite session was positive.

Care plans were person-centred and regularly reviewed to ensure they were up-to-date and reflected people's needs. Throughout the inspection, we observed that staff cared for people in a way that took into account their diversity, values and human rights.

The service supported people that were moving between services to ensure a smooth and safe transition.

The culture in the service was open, inclusive and transparent. Staff were supported, felt valued and were listened to by the management team. Staff and relatives were confident to raise any concerns they had and encouraged to share their views and suggestions that could make improvements to the service.

The service worked proactively with key organisations to ensure people received care and support which was joined up.

There were effective systems in place to monitor and improve the quality of the service provided. Where improvements were needed, plans were put in place and action taken to make improvements.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

People were protected from avoidable harm or abuse by staff who knew and understood the principles of safeguarding and how to report abuse. People using the service behaved in a way which showed they felt safe.

There were sufficient numbers of suitably trained staff to help keep people safe and meet each person's individual needs.

Risks to people had been assessed and reviewed regularly to ensure people's individual needs were being met safely.

People were supported with their medicines in a safe way by staff who had been appropriately trained.

Good



Is the service effective?

The service was effective.

People received care from staff who knew people well, and had the knowledge and skills to meet their needs. Staff were trained and supported to perform their jobs.

People's rights were protected because the Mental Capacity Act 2005 Code of practice and the Deprivation of Liberty Safeguards were followed when decisions were made on their behalf.

People were supported by staff to eat and drink sufficient amounts.

Good



Is the service caring?

The service was caring.

Staff knew people well and there was a calm and happy atmosphere in the service.

People were treated with care, kindness, compassion and independence was promoted wherever possible. Relatives spoke positively about the service.

The staff respected people and their choices and they promoted people's privacy and dignity.

Good



Is the service responsive?

The service was responsive.

Care plans were personalised and informed and guided staff in how to provide consistent care to the people they supported.

The service supported people that were moving between services to ensure a smooth and safe transition.

The service had arrangements in place to deal with people's concerns and complaints in an appropriate way.

Good



Summary of findings

Is the service well-led?

The service was well-led.

There was a positive, open and transparent culture within the staff team with an emphasis on providing a good service for people. There was a clear management structure at the service and staff and families told us that the management team were approachable, inclusive, and supportive.

People were supported by a motivated and dedicated team of management and staff.

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

Good



Support for Living Limited - 19 Haymill Close Shortbreak Service

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 13 November 2015 and was unannounced. The inspection team consisted of one inspector. We looked at all the notifications we had received about the service since we last inspected on 15 and 16 May 2014 and reviewed any other information we held prior to our visit.

During our inspection we met six people using the service. The majority of people using the service at the time of our inspection had complex needs and were unable to communicate verbally with us so we observed the way staff engaged with them. We spoke with two people using the service. We spoke with the registered manager, the deputy manager and two care staff. We reviewed two people's care records. We reviewed records relating to the management of the service including medicines management, staff training, audits, quality assurance and health and safety records. After the inspection we spoke with three relatives and asked them for their views and experiences of the service.

Is the service safe?

Our findings

People's relatives spoke highly of the respite service and the safety standards they followed. For example, one relative described the de-escalation techniques that staff used to keep their family member safe. Another told us that staff supported their family member to access the community safely and to use public transport. All relatives confirmed the staff team knew their individual family members really well including their behaviours.

All the staff we spoke with had been trained in safeguarding adults. We spoke with staff about their knowledge and understanding of forms of abuse. They had a good understanding of what safeguarding adults entailed their safeguarding responsibilities, could identify types of abuse and knew what to do if they witnessed incidents of abuse. They knew how to raise their concerns and felt confident that if they did raise concerns they would be listened to and action taken. All staff told us they had access to the safeguarding and whistleblowing procedures, which were available on the intranet. Staff told us there was a dedicated whistleblowing telephone number they could access if they needed to.

Risks associated with people's support were assessed, and guidelines were in place to ensure staff knew what to do to support them safely while encouraging independence. For example, for one person we saw that the risk assessment identified the number of staff that was required when the person accessed the community. All the staff we spoke with said they followed a person centred risk management approach and were aware of and followed the guidelines in place to keep people safe. They described the support they received from the organisation's behavioural specialist and the local community learning disability team in developing positive behavioural support plans.

People's risk management plans described the potential triggers that may cause them to display behaviours that challenged the service. Staff told us working in partnership with other professionals had been useful in understanding more about why people behaved in certain ways, and the support that people need in such situations. Training records showed that staff had received training in the management of behaviours which challenged. Staff told us

how this training focused on ways to prevent and de-escalate situations to keep people safe. This showed us that staff took appropriate steps and followed guidance to minimise the risk of harm occurring.

People's medicines were managed appropriately so they received them safely. We found there were appropriate arrangements in place in relation to obtaining, storing, administering and the recording of medicines which helped to ensure they were given to people safely. Medicines policies and procedures were in place and staff we spoke with demonstrated a good understanding of the procedures they followed when people required support with their medicines. Medicine Administration Records (MAR) sheets were appropriately signed when medicines were administered, this showed that people had received their medicines safely as prescribed. We saw records which detailed the quantity of medicines received in the service when a person started their respite and medicines that were returned with the person at the end of their stay to provide a clear audit trail. Two relatives we spoke with confirmed these checks were carried out and medicines were well managed.

Arrangements for the administration of PRN (when needed) medicines protected people from the unnecessary use of medicines. Clear protocols were in place as to when people should be provided with these medicines, for example we saw the guidelines in place for a person who required pain relief medicine. People's individual care plans detailed the support they required with their medicine, for example a person's care plan detailed they liked to have a drink of Ribena when taking their medicine.

The service completed a thorough recruitment and selection process before employing staff to make sure that they had the right skills and experience. The manager described the recruitment procedures in place, this included the applicant completing an application form, references from former employers and checks with the Disclosure and Barring Service (DBS). Potential applicants met with people who used the service as part of the interview process. This allowed the manager to check on their suitability for the role, to assess whether people liked them and they could interact well with them. This showed the provider had taken appropriate steps to protect people from the risks of being cared for by unfit or unsuitable staff.

There were enough staff to keep people safe and to meet their needs. The rota was flexible depending on the needs

Is the service safe?

of the people who stayed at the respite service. Care records showed that people were provided with one to one

and two to one support when this was agreed as part of their care plan to keep them safe. Relatives we spoke with confirmed they felt their family members were safe because of the numbers of staff available to support them.

Is the service effective?

Our findings

People were cared for by staff that had the knowledge and skills to carry out their roles effectively. Relatives told us the staff had the right skills, knowledge and attitude to support people. Comments we received included “My [family member] really enjoys the respite sessions and looks forward to them” and “The respite service is a life line for me, I know that [family member] is totally safe and well looked after, this means that I can also have a good break from my caring responsibilities.”

We observed staff engaging with people in positive ways. For example, staff were taking part in playing football in the garden and listening to music. A staff member sat with a person who had no verbal communication and encouraged them to play a musical instrument. Their interaction was responded to positively by the person smiling. Other people were observed to be happy and enjoying the time they spent with the staff.

People were cared for by staff that were trained and supported to deliver care and treatment to an appropriate standard and to improve their practice. All the staff we met were confident in their work and were aware of the support needs of people using the service. Staff told us that the organisation provided a wide range of training in the areas they needed in order to support people effectively, for example, all staff completed mandatory training which included health and safety, safeguarding, first aid, medicines management, fire safety, person centred care and infection control. Specific training to meet people’s specific conditions such as epilepsy, managing behaviours that challenged and effective communication was also provided.

Staff were positive in their approach and told us they were supported well and encouraged to undertake professional development. Regular team meetings were held where staff could discuss the people that used the service, work issues they might have and further training or development that was required. Meeting minutes we viewed confirmed this. Staff spoke of good teamwork and of delivering consistent care because staff had worked together as a team at the service for several years. All the relatives we spoke with said the consistency in staffing had benefitted their family members as staff knew people very well.

Staff we spoke with had a good understanding about people’s rights, individual choices and decisions. Care records detailed people’s ability to make decisions, the level of support they required and where people did not have the capacity to make a particular decision, the service involved people’s family or representative and other health professionals to ensure that decisions were made in the person’s best interests. We saw that people were involved in making a range of decisions and staff adapted their communication to meet the needs of people they were supporting. For example, we saw staff use a picture book to ask a person if they wanted a cold or hot drink.

The manager and staff understood the principles of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and how to apply these in practice. The MCA provides the legal framework to assess people’s capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty. The manager had made DoLS applications for people that required one to one and two to one support to the local authority. We viewed a DoLS authorisation for one person that required constant supervision, this detailed that a best interest decision had been made with the input of family members and other health and social care professionals involved in the person’s care. This showed us that any restrictions in place were lawful.

People’s nutritional needs were assessed. One person told us they liked the food that was prepared and was looking forward to the take-away meal. We observed staff asking people what they wanted to eat and discussed the options that were available. A staff member told us “We want their respite to be enjoyable, we know what people like and don’t like. There are days here that we cook a different meal for each person because that is what they want.”

Care plans detailed people’s food preferences, the level of support individual people required, any risks associated with eating and drinking and the type of equipment people required to promote their independence. Where people had been identified as being at risk of swallowing difficulties guidelines were in place for staff to follow so that the risk of choking and aspiration were reduced. For

Is the service effective?

example, for one person the guidelines in place stated that food had to be cut into small pieces and the person drank warm water with their meal. This showed us that staff supported people appropriately and ensured they got the food and drink that they needed, safely, in order to remain healthy.

Staff supported people to access healthcare support when required. People's healthcare needs were assessed and care plans were in place where there was an identified

need. For example, where people had health conditions such as epilepsy care plans and epilepsy guidelines were in place. Relatives told us the service contacted them if their family member had become unwell whilst using the respite service. The service worked closely with other healthcare professionals involved in each individual person's care. Staff we spoke with demonstrated a good understanding and awareness of people's specific health care needs.

Is the service caring?

Our findings

People were supported by caring, kind and compassionate staff. Relatives spoke highly of the staff team and told us the staff were kind, caring and considerate.

We observed interactions between people and staff that were inclusive, positive and supportive. For example, we heard a person laughing and joking with staff about a music discussion they were having. We saw another person smiling and telling us they liked to play football with the staff.

Staff spoke compassionately about how they cared and supported people that used the service. For example, one person had been supported to access the community and public transport. This had led to them being able to have a short holiday with staff for the first time. There was a calm, happy atmosphere within the service.

The staff talked about the importance of developing positive relationships with the people who used the service and their carers. They told us this enabled people and their

carers to make the most of each respite session. A member of staff said “If you make a positive difference to someone’s life you know that you have done your job. It is very rewarding working here.”

Care plans showed that people and their relatives had been consulted about how they wished to be supported. People’s care plans were written in a person centred way and included information on all aspects of the person’s care. For example, personal care plans identified the name of the soap and shampoo that a person liked to use. For another person their care plan detailed the night time routine they followed.

We saw that staff delivered care which promoted and protected people’s diversity, dignity, privacy and independence. For example, all personal care was carried out in people’s bedrooms or bathrooms with the door closed. People made choices about where they spent their time and had free movement around the service. Staff we spoke with told us they enjoyed supporting the people who used the respite service. A staff member told us “No two days are the same here, the staff team are good and we are proud of the work we do.”

Is the service responsive?

Our findings

People's care and support needs had been assessed before they started using the respite service.

Assessments we viewed were comprehensive and we saw that people and their families were involved in discussions about their care, support and any risks that were involved in managing the person's needs.

As part of the initial assessment process staff worked with people, their families and other professionals so that people were able to spend time at the service so that staff could become familiar with their needs. Staff had carried out risk assessments and ongoing monitoring of people's needs. For example, we saw that staff from the service visited a person at a day service and spoke to day care staff about the person as part of their assessment process.

The service supported people that were moving between services to ensure a smooth and safe transition. Staff described the transition plan they had in place for a person that was moving into residential accommodation. This involved staff from the respite unit providing them with support to settle into their new home. Comprehensive risk management plans were in place and the manager had rostered staff that were familiar to the person.

The provider had a policy and procedure in place for dealing with any concerns or complaints. The procedure outlined how people could make a complaint and the steps taken by the provider for dealing with this. This was made available to people and their families. Relatives told us they were confident if they raised a complaint they would be listened to and the complaint dealt with appropriately. One relative said "The manager always tells us, to let her or the staff know if we are not happy about anything. I have had some small concerns and the manager has always dealt with them."

People were enabled to take part in activities they preferred when using the respite service. People were supported to access the community, visit shops, and go for drives, walks and meals out. Throughout the year various social events were held, staff described a 'come dine with me event' that had been held recently. A person who had attended the event told us they had enjoyed participating. Relatives said they were always provided with feedback about any activities that their family member had participated in.

Is the service well-led?

Our findings

People's relatives and staff described the service positively and said that it was well-led. Relatives told us they found the manager to be approachable and open to any suggestions they had made so that improvements could be made to the service. Comments we received included "The manager is lovely, she listens and is always there to help me" and "I can just pick up the phone and call the service and speak to the manager and her deputy." All of the relatives we spoke with said they would recommend the service.

The service had an inclusive, open and transparent culture that encouraged good practice. The manager was available and spent time with people who used the service, she had an in-depth knowledge of each person that received respite. All the staff we spoke with said they enjoyed working at the service and were committed to providing good quality care and support to people. Staff were encouraged to contribute to the development of the service through regular staff team meetings at which practice issues were discussed. They told us that the management team were supportive and approachable, and that they were confident about challenging and reporting poor practice, which they felt would be taken seriously. Comments from staff included "The manager is very supportive, very upfront and honest. I love working here. You have to think outside the box and everyone is an individual" and "if we decide to do something new the whole staff team gets on board, the team are really good."

The service was led by a registered manager who was qualified and experienced for their role, and ensured that all of the requirements of the service's registration with the Care Quality Commission were fulfilled. Statutory notifications of events that affect the service were appropriately completed and submitted in a timely manner.

A member of staff described working at the service as "being part of a large family", they told us the team had provided respite to people with high support needs and who had presented extreme challenges to the service. They said the staff team worked well together, everyone was aware of their roles and responsibilities and utilised each other's strengths to ensure people received safe and compassionate care. In recognition of the work the service

had undertaken they had won the providers annual achievement award in recognition of their 'outstanding commitment and contribution to supporting people to flourish, contribute and lead the life they want to lead'.

The service worked proactively with key organisations to ensure people received care and support which was joined up. The service had established close links with local health and social care professionals specialising in the care of people with learning difficulties. For example, staff had worked closely with the behavioural therapist and psychologist to develop appropriate communication strategies for a person with complex care needs.

Relatives told us they were asked for their views about the care and support the respite service provided. They told us they were able to do this at review meetings, through speaking directly with the manager and by completing the provider's feedback survey. A satisfaction survey had been carried out in September 2015 and the provider was in the process of collating the results. This showed us that the provider valued the views of people and the people that were important to them.

Systems were in place to assess, monitor and improve the quality of the service. These included an audit programme to check medicines, health and safety, care records, staffing, accidents, incidents, safeguarding, complaints, staff training and risk management. The audits were evaluated and where required action plans were in place to make improvements to the service. For example, the medicine audits had identified shortfalls in the recording of medicine that had been administered. The deputy manager told us this had been addressed individually with staff through supervision and more frequent medicine checks. Accidents and incidents were recorded and these were reviewed and analysed to enable patterns and trends to be identified so where possible plans could be put in place to keep people safe.

Regular checks of the premises were carried out for any maintenance issues and to ensure that people were safe. We looked at certificates relating to health and safety. We saw that gas, electrical and fire safety certificates were in place and renewed as required to ensure the premises remained safe for staff and people using the service.

The service had recently been visited by an external 'quality checker group' which the provider worked with to carry out checks of their services. We found that the group had

Is the service well-led?

audited the service in September 2015 to check if they were meeting required standards and to make sure that people using the service were happy and well cared for. The report we viewed was very positive and detailed people's positive experience of the service.