

Support for Living Limited

Star Road Respite Service

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Star Road Respite Service is a residential care home providing short stay accommodation for adults with a learning disability and autistic people living in the London Borough of Hounslow. Up to seven people can stay at the service at any time and around 62 different people use the service. On the day of the inspection 3 people were staying at the service.

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

Right Culture

The provider had systems in place to monitor the quality and safety of the service. However, the process for ensuring infection prevention and control arrangements were always in line DHSC guidance had not been implemented consistently at the time of our visit.

People and those important to them were involved in their care. The provider had a clear vision for the service based on improving people's quality of life and staff worked to make this happen.

Right Support

Staff worked to help people spend meaningful time when they came to stay by supporting them to take part in activities at home and in the community.

Staff communicated with people in ways that met their needs and supported people with their medicines safely.

Staff supported people to meet their health needs and worked with other agencies to do so. 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.

Right Care

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs.

The service had enough appropriately skilled staff to meet people's needs and keep them safe. Staff had training on how to recognise and report abuse and they knew how to apply it. The service worked with other agencies to respond to safeguarding concerns.

Staff received an induction, training and supervision to help them support people. They worked with other agencies to meet people's care and health needs.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 18 October 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. Whilst we found improvements had been made at this inspection, some improvement was still required.

Why we inspected

This inspection was prompted by a review of the information we held about this service and to follow up on action we told the provider to take at the last inspection. 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.

Follow up

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 effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

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 Health and Social Care Act 2008.

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

Star Road Respite Service 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. Star Road Respite Service 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 the 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 information gathered as part of monitoring activity that took

place on 28 October 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection

During our visit we spoke with a person who used the service and 2 of their relatives or friends who were visiting the service. We spoke with the registered manager, the deputy manager and 2 support workers. We reviewed a range of records relating to the management of the service including medicines support records, infection prevention and control plans, money handling records, and quality checks of the service. We also spoke with 8 relatives of people who use the service and 4 professional 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 peoples 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.

Preventing and controlling infection

- The provider had arrangements in place for preventing and controlling infection but these were not always implemented appropriately or in line with Department of Health & Social Care (DHSC) guidance.
- We observed a number of staff at the service not wearing face masks. The registered manager told us staff were not required to wear these when working unless they were in close proximity to people or providing personal care. Similarly, visitors were not asked to wear masks either. This meant the service was not practicing 'universal masking' as a means of preventing any spread of infection as required by the DHSC at the time of our inspection.
- We were not assured the provider was always admitting people safely to the service. The provider did not ask people who came to the service from the community for either a planned or emergency stay to complete tests to determine their COVID-19 status. This meant the provider could not always identify if someone had COVID-19 and take appropriate actions in good time to keep people safe.
- We raised these issues with the registered manager and the provider and signposted them to DHSC guidance so they could make improvements. The provider promptly implemented a new infection control risk management plan regarding the use of personal protective equipment (PPE) and COVID-19 testing. DHSC guidance on PPE also changed shortly after our visit.
- Staff were provided with PPE such as masks, aprons and gloves, to wear when providing personal care so they could support people safely. Staff were shown how to use this. They also completed awareness training on infection prevention and control.
- The provider had processes in place for responding effectively to risks and signs of infection when these were identified.
- We were assured that the provider was promoting safety through the layout of the home and keeping the premises clean.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked with other agencies to do so when there were safeguarding concerns.
- Staff had training on how to recognise and report abuse and they knew how to apply it, including using whistleblowing processes. Staff and the registered manager felt confident in raising concerns and being supported by the provider.

Assessing risk, safety monitoring and management

- The provider assessed risks to people's safety and wellbeing. Care and risk management plans considered

assorted issues regarding the support people required so as to reduce risks to their safety and wellbeing. For example, when out and about, handling their money and support to eat safely. Relatives told us people were safe. The money handling records we checked were correct.

- Staff managed the safety of the living environment and equipment in it well through checks and action to minimise risk.
- People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions.
- The provider had fire safety arrangements in place, which included staff supporting people to practice evacuations. There were provisions to help the service continue in the event of an emergency, such as significant staff illness.

Staffing and recruitment

- The service had enough staff to support people safely and meet their needs. This included providing support to people to take part in activities at the home and out in the community. Staff told us that although it could get busy at times they felt there was always enough of them on shift.
- Staff recruitment and induction training processes promoted safety and supporting people in a person-centred way. Staff knew how to take into account people's individual needs, wishes and goals.
- People's care plans set out a clear profile with essential information about their needs and preferences to help new or temporary staff see quickly how best to support them.
- The provider had appropriate recruitment processes to help make sure they only employed suitable staff.

Using medicines safely

- Staff supported people to take their medicines as prescribed. They followed suitable systems and processes for ordering, administering, recording and store medicines safely, including controlled drugs.
- Staff had completed training on how to administer medicines safely and the provider had assessed their competency to do this.

Learning lessons when things go wrong

- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned. Relatives said the staff kept them informed of incidents and actions taken in response to these.
- The provider monitored incidents and accidents to make sure these were responded to and practice learning was identified.

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 requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager assessed people's needs to determine if the service could meet them safely. People and their relatives were involved in this. Assessments informed people's support and risk management plans and took into account people's care and communication needs. Plans also considered people's age, ethnicity, gender and expressions of sexual orientation (meaning whether someone was heterosexual, lesbian, gay or bisexual).
- Staff supported people to visit for tea or activities and meals first so they could experience the service. If a person needed to visit a number of times to become familiar with the service, a professional commented, "The service 100% makes that happen."
- The registered manager told us, where possible, they coordinate the respite stays of people who are friends so they can enjoy time together at the service, and a professional confirmed this happened. Similarly, the service worked to make sure people who did not like to live together did not access the service at the same time.
- Relatives and professionals told us care met people's needs and respected their choices.
- Some people who used the service expressed emotional distress when feeling anxious or frustrated and there were behaviour support plans for staff to support them at these times. Relatives and professionals said staff supported people effectively in line with these plans. A professional told us of a person who has experienced less episodes of distress since using the service and added, "So they're doing something very right."

Staff support: induction, training, skills and experience

- People were supported by competent staff who understood their needs. A relative said there were, "Regular stable, dedicated staff."
- Staff we spoke with demonstrated good knowledge of people's individualised care and support needs. They could describe how their training related to the people they supported.
- Training records we sampled showed staff completed a variety of learning courses so they could support people effectively. These covered topics such as epilepsy training, learning disability and autism awareness, diabetes, choking and resuscitation and fire safety. Updated training or refresher courses helped staff to continue to apply good practice.
- Staff received support in the form of continual supervision, appraisal and recognition of good practice. Staff said they found supervision sessions helpful and they felt supported.

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

- The service supported people to eat and drink to maintain a balanced diet.
- Staff supported people to be involved in preparing and cooking their own meals in their preferred way.
- People were able to eat and drink in line with their cultural preferences and beliefs. Relatives told us of how staff met people's individual eating and drinking needs and promoted their food and drink choices. A person told us they could choose what they ate.
- People could have a drink or snack at any time. Another relative explained how staff provided individualised support to meet their family member's specific food and appetite needs.

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

- The service worked in partnership with other agencies to provide timely, joined up care and support to people. For example, the service informed professionals proactively of people coming to the service so they could provide suitable guidance for the staff when a person came to stay, such as an eating and drinking care plan.
- Multi-disciplinary team professionals were involved in people's care planning to improve a person's care. Staff from different disciplines worked together as a team to benefit people.
- The service supported people to meet their day-to-day health needs.
- Staff supported people to manage their oral health. For example, by holding a friendly teeth cleaning competition which encouraged a person who did not want to brush their teeth to do so.

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

- People's care and support was provided in a safe, clean, equipped, well-furnished and maintained environment which met people's needs.
- There were some tiles and the edge of a shower enclosure that needed to be repaired. During our visit we observed these being assessed by a maintenance contractor for repair.
- The building was light, sufficiently ventilated and there was room for people to move around as they chose without restrictions.
- The registered manager was planning to redecorate some bedrooms with different themes so there was more variety in their colour schemes and to promote people making choices about which room they might want to stay in. The provider also planned to redevelop areas of the building and work with partner agencies to facilitate this in the coming year.

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 supported people in line with the principles of the MCA.

- Staff empowered people to make their own decisions about their care and support.
- Staff knew about people's capacity to make decisions through verbal or non-verbal means and this was recorded in care plans.
- The staff team completed awareness training on reducing restrictive practices to help ensure they promoted people's independence.
- Support staff we spoke with described how they promoted people making choices about their day-to-day care.

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. The rating for this key question has remained good. 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

- People received respectful and caring support. Staff members showed warmth and respect when interacting with people.
- Staff were patient and used appropriate styles of interaction with people.
- Staff were calm, focussed and attentive to people's emotions and support needs such as sensory sensitivities.
- A person described the staff as "Nice and friendly". Relatives also said staff were kind and respectful. One relative said, "[Their family member] has a named person to look after them and it is nice when they come out to meet [them]" when they arrive. Another relative told us their family member had "a close bond with staff and [the person] looks forward to meeting them again."

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

- Staff respected people's choices and wherever possible, accommodated their wishes, including those relevant to protected characteristics, such as promoting a person's cultural or religious preferences. Relatives commented, "Staff are more than helpful, they definitely listen."
- People's relatives and friends were involved in people's support and care.
- A professional said the staff and the registered manager advocate for people using the service to make sure their views are known and heard when working in partnership with others.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect.
- Staff we spoke with explained how they promoted people's dignity and privacy when providing personal care.
- Staff encouraged people to do things independently when they stayed at the service. Staff and relatives gave us examples of this, such as encouraging people to help prepare meals. A relative told us, "[The staff] will ask me what do you do at home and then support [the person] to be more independent."
- Staff knew when people needed their space and privacy and respected this and gave examples of when they supported this.
- Staff completed data protection training to inform how they handled people's confidential information.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

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

- People received care and support that met their individual needs and preferences. The service met the needs of people using the service, including those with needs related to protected characteristics.
- Relatives and professionals told us people's support was personalised and responsive to individuals. Relatives' comments included, "Staff know what [the person] needs, [their] quirks and issues, such as [their] toast cut up a certain way and the food on the plate in a certain place" and "My [family member] is happy and I am happy."
- Staff provided people with personalised and co-ordinated support in line with their support and communication plans. These set out person-centred information about their support needs and preferences.
- Staff and managers spoke knowledgeably about tailoring support to individuals' needs. For example, helping an autistic person plan out their days with clear structure as this provided them with reassurance and promoted their well-being.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service supported people to meet their communication and sensory needs.
- People's care plans set out their communication needs and their preferred methods of communicating with others, such as when a person didn't use words for this or used Makaton. Makaton is a language programme that used signs and symbols to help people to communicate.
- Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them something.
- We observed staff communicate with people effectively during our visit, including when supporting a person with a visual impairment. Relatives also said staff did this. They commented, "Staff understand [the person]" and "Staff encourage [the person] to express themselves."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to participate in their chosen social and leisure interests when they came to stay. For example, a relative told us their family member liked to go out frequently for long walks and they were

impressed staff always supported them to do this. People were supported with a variety of activities such as sensory stimulating sessions, singing, arts and craft and ball and board games.

- Staff arranged regular trips into the local area as well as to theme parks, a zoo and a safari park. Staff supported people with activities at home as well as holding regular parties, such as for Halloween, Christmas and people's birthdays. A support worker remarked that some people liked to come to the service to celebrate their birthday. A relative told us, "Staff like to do happy fun things."
- The service was working in partnership with local authority representatives to inform people and their families of clubs and other activities available to them in the community.
- People were able to stay in regular contact with friends and family when they wanted to, via telephone and video calls.

Improving care quality in response to complaints or concerns

- There were systems in place for receiving, responding to and learning from complaints and compliments. Complaints records showed the service apologised when things may have gone wrong. Relatives knew how to raise any issues and felt they would be listened to. One relative commented, "I would go to the manager with any concerns, above [them] and then to CQC. They generally fix things instantly."
- The service treated all concerns and complaints seriously, investigated them and learned lessons from the results, sharing the learning with the whole team and the wider service.

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 requires improvement. The rating for this key question has remained requires improvement. This meant that although there was consistent service management and leadership and the culture they created supported the delivery of high-quality, person-centred care, some of the systems in place did not always do so.

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

- The provider had appropriate systems and processes in place to assess, monitor and improve the quality and safety of the service. However, the process for ensuring infection prevention and control arrangements were always in line DHSC guidance had not been implemented consistently at the time of our visit. The provider was responsive when we raised this with them and took prompt actions to address this.
- The registered manager and the provider ensured there were regular checks of the service to monitor the safety and quality and make other improvements when required. A senior manager audited the service periodically. We saw the registered manager took action in response to these audit's findings.
- Staff said the registered manager was approachable, supportive and listened to them. There was oncall support for the staff team outside of usual office hours.
- Staff were able to explain their role in respect of individual people without having to refer to documentation.
- 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.

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

- There was a positive, person-centred culture at the service. The registered manager and staff were focused on promoting people's well-being. Staff spoke with pride about how they felt the service made a difference to people's lives,
- Almost all relatives and all professionals spoke positively of the registered manager. For example, they commented, "[The registered manager] seems very on the ball, person-centred and committed to being a care provider" and "Sets a good model" for the service. They described the registered manager as "very proactive" in working with them to help ensure people experienced a good respite stay at the service. A professional added, "It makes a huge difference when there's a manager who shows an interest."
- Management were visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say.
- Relatives told us there was "An atmosphere of dedication" and "The place is extremely well run." Two different relatives said, "I give them 10 out of 10 for [their family member's] care" and another two, "8 out of 10."

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 processes in place for responding and apologising to people when things went wrong. The registered manager demonstrated a sound awareness of their duty of candour responsibilities.

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

- People, their relatives and staff had opportunities to be involved in the running of the service.
- Staff encouraged people to be involved in the development of the service by arranging to support them with activities they liked when their stays were planned in advance.
- The provider sought feedback from people and those important to them and used the feedback to develop the service. For example, some relatives told us they were consulted on proposals for redecorating some bedrooms with different themes.
- There were engagement events for family and friends to attend where the provider shared information about supporting people, developments at the service and where they could share their views about things. For example, the registered manager arranged regular coffee mornings for this. Relatives told us these were helpful and their comments included, "There are talks, benefits advice, information on wills with questions and answer meetings" and "The coffee mornings covered the changes in the future and what management were proposing to do."
- The registered manager held regular team meetings with staff to plan and reflect on the running of the service. Staff said these were helpful, they had opportunities to contribute and felt listened to.

Continuous learning and improving care

- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.
- The provider had an improvement plan in place that set out improvement goals for the service. These focused on developing the service to help improve people's quality of life, support staff to do this and maintain the quality of people's care.

Working in partnership with others

- The service worked in partnership with other agencies, such as social workers and health practitioners, to help them provide coordinated care and support to people. Professionals told us they could always contact the service and found working with the staff team helpful. One told us the registered manager was "really responsive as a manager."