

Support for Living Limited

Support for Living Limited - 43 Shirley Gardens

Inspection report

43 Shirley Gardens
Ealing
London
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28 September 2023

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17 November 2023

Ratings

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

Overall summary

About the service

Support for Living Limited - 43 Shirley Gardens is a residential care home providing personal care and support to up to 7 people with mental health needs. At the time of our inspection there were 7 people using the service who were accommodated in 1 building over two floors.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

People indicated they received safe care. The provider had risk assessments and risk mitigation plans in place to help reduce risks and keep people safe.

Safe recruitment practices were followed to help ensure suitable people were employed. Staff received relevant training so they had the right skills to meet people's care needs.

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.

Care plans included information about individual care needs and people's preferences. People using the service told us they knew how to raise concerns with the provider.

The provider had procedures for managing incidents, accidents, safeguarding alerts and complaints. Quality monitoring processes were in place to help monitor and improve service delivery.

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 good (published 26 September 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Support for Living Limited - 43 Shirley Gardens

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 team consisted of 1 inspector and an Expert by Experience who made calls to relatives after the inspection to ask them for feedback. 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 - 43 Shirley Gardens 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 - 43 Shirley Gardens is a care home without nursing care.

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 reviewed information we had received about the service since the last inspection, including notifications of significant events. We contacted the local authority to ask for feedback. 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

We spoke with the registered manager, 4 staff and 5 people who used the service. We reviewed a range of records. This included 4 people's care records and 2 staff records. A variety of records relating to the management of the service, including audits were also reviewed. After the inspection, we spoke with 3 relatives to gain their views of the service provided.

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 remained good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Overall, we found people were supported to receive their medicines safely. However, during the inspection we identified a discrepancy between the medicines administration records (MARs) and the stock for one medicine. The registered manager investigated immediately, was able to confirm the issue had happened the previous night and rectified the records. The registered manager felt confident the discrepancy would have been identified during the weekly checks.
- Other records we viewed were completed correctly. This included medicines administration records, blood sugar logs and as required medicines (PRN) with protocols.
- Staff had appropriate training and medicines competency testing to help ensure they were administering medicines safely.
- The registered manager had a weekly zoom meeting with the GP to discuss any issues arising with people living at the home.
- The provider undertook medicines audits to help ensure medicines procedures were followed, and improvements made if issues were identified, so people received their medicines safely and as prescribed.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm.
- The provider had systems for reporting and investigating suspected abuse. This included the organisation's safeguarding lead who provided support around safeguarding processes.
- When a concern was raised, the provider worked with other agencies such as the local authority and the mental health team to help reduce any future risk. Analysis included lessons learned and what could be done differently in the future to help mitigate the risk.
- People told us they felt safe in the service. One person confirmed, "Staff do a thorough check on the place to see if it's safe and check people coming in and out. Everything is checked."
- Staff completed annual safeguarding training and knew how to respond appropriately to any safeguarding concerns to help keep people safe from harm. One member of staff told us, "I would inform the manager. We have a company procedure that includes a safeguarding lead. Safeguarding [team] in the council [could be notified]."

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.
- Risks to people's safety were assessed and recorded. Risk assessments included people's mental health needs, medical conditions such as diabetes, medicines compliance and self-neglect. There was clear guidance for minimising risks to people.
- The provider had procedures for dealing with emergencies. For example, personal emergency evacuation

plans (PEEPs) were in place for people. These contained information for supporting people in the event of a fire or other emergencies.

- Appropriate environmental and fire risk assessments were carried out. These included fire drills, fire equipment, gas and water systems' checks. The provider completed checks with action plans to help ensure the environment was well maintained.

Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff. Staff were visibly present during our inspection and people confirmed there were enough staff when they needed them.
- The provider operated safe recruitment processes.
- Staff recruitment records included completed application forms, references, identity checks and confirmation that Disclosure and Barring Service (DBS) checks had been carried out. DBS checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.
- New staff undertook training and were assessed as part of an induction before they were able to work independently.

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- The provider had appropriate systems to help prevent and control infection. These included policies and procedures which had been reviewed and updated in line with government guidance.
- Staff had completed relevant training and were provided with personal protective equipment (PPE) including gloves and masks to help protect people from the risk of infection.
- On the day of inspection, the home was clean and tidy and a cleaning schedule was in place.

Visiting in Care Homes

- People were able to receive visitors without restrictions in line with best practice guidance.

Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- There was a process in place for reporting incidents and accidents. These had been recorded, investigated and included an outcome with lessons learned. Where appropriate, there was guidance provided to staff for preventing re-occurrences.

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 remained 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

- People's needs were assessed and care and support was delivered in line with current standards to achieve effective outcomes.
- Risk assessments and care plans were based on people's pre-admission assessments. These were used to determine people's needs and if the provider could meet these needs.
- People told us they were involved in planning their care. Care plans recorded people's identified needs and preferences, so staff had relevant information to support people with their choices.

Staff support: induction, training, skills and experience

- The service made sure staff had the skills, knowledge and experience to deliver effective care and support.
- Staff had access to supervisions and appraisals which were used to develop staff skills, review their practice and update their professional development. Staff felt supported and told us, "[The registered manager] has been very supportive and made the learning process very, very easy" and "[The registered manager] is good to work with. She listens and she is flexible."
- Training records confirmed staff had training that reflected the needs of the people they were caring for. For example, training around the Mental Capacity Act (2005), safeguarding adults and medicines.
- People indicated staff had appropriate skills and told us, "Staff are nice. They care for us. Staff are there to talk to" and "I would tell staff if I had a problem. Yes, staff listen to me. They are very nice."

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

- People were supported to eat and drink enough to maintain a balanced diet.
- Care plans recorded any specific needs, such as a diabetic diet, and people's food likes and dislikes.
- Food was prepared freshly every day and there was a choice of meals. The registered manager told us that they were aware people had a number of conditions that required a healthy diet and had discussed appropriate menus with the GP. They made sure meals were cooked from fresh foods.
- People were asked about their meal preferences and encouraged to help with cooking where possible. People generally enjoyed the meals and told us, "They ask me every day what I want to eat. The food is good" and "Staff cook for us. Most of the time we get the food we like. Staff ask us what we want to eat and put it in the menu."
- Everyone could eat independently and could choose where they wanted to eat and when.

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

- The provider ensured the service worked effectively within and across organisations to deliver effective

care, support and treatment.

- People were supported to live healthier lives and access healthcare services. They told us, "Staff take me to the doctor's surgery and give [me] medication" and "They help with medicines. They come with me to the doctor's [surgery]".
- Care plans recorded personalised information about people's healthcare needs, and we saw evidence of the provider working with other professionals including the GP, mental health team and diabetic nurse to help ensure people received effective and timely care.

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

- People's individual needs were met by the adaption, design and decoration of the premises.
- The service was a purpose-built building and was suitable for the people using the service.
- Each person had their own bedroom they could decorate as they wished. The service had communal bathrooms, a lounge, quiet room and kitchen which people could access whenever they chose to.

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).

The provider was working in line with the Mental Capacity Act.

- Everyone using the service had the capacity to consent to their care and treatment and therefore there was no requirement for DoLS applications to deprive people of their liberty.
- People consented to the care and support they received from staff at the service. People told us that they were able to make choices about their daily lives. For example, with what they wanted to eat and being able to come and go from the service. One person confirmed, "Staff ask me how they can help me."
- Staff had completed relevant MCA training and understood how to support people in line with the principles of the Act. One staff member told us they "presume [people] have capacity unless otherwise proven".

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 remained good. This meant people were supported and treated with dignity and respect. They were involved as partners in their care.

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

- People were well supported. They were treated with dignity and respect and were supported by staff who understood their needs.
- Staff had undertaken training in equality and diversity and were aware of the importance of respecting people's individual needs and protected characteristics.
- We observed positive interactions between people and staff. This was confirmed by people who said, "Staff are nice. They care for us" and "Everything is here at Shirley Gardens if you want to use it to [maintain mental health and physical wellbeing]".
- Care plans recorded information about people's religious and cultural needs so staff had guidance on how to meet these needs in an appropriate manner.

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

- People were supported to express their views and make decisions about their care.
- People told us staff listened to them and acted upon what they had to say. One person confirmed, "The staff are very good. They are there. If you need them, you can call on them. Yes, they do listen. [I] have good relationships with the staff."
- Care plans included information about people's preferences and likes. People also had one to one key working sessions with staff. This helped the staff to have a better understanding of how people would like to be supported.
- Residents' meetings were held to give people the opportunity to express their views. One person noted, "[We] have resident meetings every week. [We] talk about what we are going to eat and shopping, [and] how are we getting on with people and staff." Another confirmed, "[We] have resident meetings. [We] discuss health and safety, going away, outings and menus."

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted. One person said, "I like living here. It's private."
- Staff knew how to support people to be independent. Relatives commented, "Shirley Gardens has enabled [person] to manage their symptoms and also have a life" and "[The service] has kept [person] on the straight and narrow and given them the freedom to be themselves."

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 good. At this inspection the rating has remained good. This meant people's needs were met.

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

- People were supported as individuals, in line with their needs and preferences.
- Care plans contained information and guidelines for staff about people's medical conditions such as diabetes and guidelines for how to support people to maintain good mental health.
- People were involved in contributing to their care plan. They told us, "They show me my support plan and talk about it" and "They talked to me about the support plan."
- Care plans were routinely reviewed and updated.

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 provider was meeting the Accessible Information Standard.
- The provider had a communication manager that could support staff to communicate with people in a way most appropriate for them.
- The registered manager confirmed they would also be able to provide different formats such as translated documents or large type if required.
- People's communication needs were understood and supported. Care plans included information about people's communication needs. At the time of the inspection, people using the service all communicated verbally in English.
- The registered manager told us if requested, staff supported people to read letters.

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

- People were supported to maintain relationships, follow their interests and take part in activities that were relevant to them.
- People using the service were able to go out independently, but if needed, staff provided support and accompanied people. On the day of the inspection, we observed both.
- Most people had family they were in regular contact with.
- Activities people undertook included visiting with family and friends, eating out, shopping and attending places of worship. Staff had accompanied one person to various countries on holidays. There were also

some group outings, for example to the seaside.

- People confirmed activities and told us, "The best things is we have a lot of feasts. Some of us volunteer to help cook the meal and sometimes friends come", "Once in a while, we go out to get a meal somewhere all together" and "[We] went to Brighton on a day trip and go to the lido in Ruislip."

Improving care quality in response to complaints or concerns

- The provider had a procedure for dealing with complaints and concerns. People using the service and their relatives told us they knew who to speak with if they had any concerns.
- Comments from people included, "[The registered manger] is a good manager. She's okay. She listens" and "[The registered manager] is okay. She listens if I have a concern."

End of life care and support

- At the time of the inspection, the provider was not supporting people with end of life care. The provider had a form to help discussion in this area but there were few details recorded. The registered manager told us everyone using the service had been asked about their wishes, but no one was ready to discuss them in detail.

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

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

- There was a positive and open culture at the service. The registered manager told us there was an open-door policy and everyone's opinions were welcomed.
- Care plans were person centred with clear guidance. People were cared for by staff who understood how they wished to be supported to achieve good outcomes.
- Overall, people were satisfied with the care provided and told us, "Everything is the best about living at Shirley Gardens. [There is] nothing they could do better", "I want to stay in Shirley Gardens for life" and "Nothing could be better. Everything is alright."
- Staff felt supported and were happy working in the service. Comments includes, "[The registered manager] is a very good leader for me. She has been very encouraging and supportive in this role. I get the right training" and "[The registered manager] is so lovely and kind. She encourages. She doesn't want me to worry and says just come to me."
- The provider had systems to provide person-centred care that achieved good outcomes for people. This was monitored through regular audits to help ensure people's needs were being met.

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 understood their responsibilities under the duty of candour.
- The provider was aware when they needed to share information with other agencies including the local authority and CQC.
- The registered manager told us they regularly discussed with staff being accountable, learning from mistakes, saying sorry, being open and addressing the issue to improve service delivery.

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

- The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery.
- When required, the provider submitted notifications of significant events to the CQC which helps to confirm the provider had taken appropriate action in response to risks and regulatory requirements.
- Regular checks and audits had been undertaken to monitor the quality of the service delivered and included action plans if required.

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

- People and staff were involved in the running of the service and fully understood and considered people's protected characteristics.
- Care plans were regularly reviewed, and relevant people included for feedback.
- The provider also collected feedback and people's views about how the service was meeting people's needs through residents' meetings, staff meetings and service user evaluation surveys.
- People and staff confirmed the registered manager was approachable and listened to them.
- Staff felt they had the training and support to do their jobs well. Team meetings were held to share information and give staff the opportunity to raise any issues. One staff member said, "Once a month we have a team meeting. You can discuss the challenges you have and bring your ideas."

Continuous learning and improving care

- The provider had created a learning culture at the service which improved the care people received.
- The provider had systems for assessing, monitoring and mitigating risk and improving the quality of the service. Checks and audits included records for people and staff, the environment, medicines and health and safety checks. These helped to identify where improvements were needed, and actions were taken to make improvements where necessary.

Working in partnership with others

- The provider worked in partnership with others.
- The registered manager contacted other agencies if they identified people needed external support. Records indicated this included GPs, social workers and the mental health team.
- The registered manager took part in various internal and external meetings to ensure that they remained up to date with best practice issues and guidance.