

Achieve Together Limited

# Brent Supported Living

## Inspection report

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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 ●

# Summary of findings

## Overall summary

### 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 Care Quality Commission (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

Brent Supported Living is registered to provide personal care. At the time of this inspection, the service was providing personal care for five people living in a supported living scheme. People who used the service had profound and multiple learning disabilities (PMLD). PMLD is when a person has a severe learning disability and other disabilities that significantly affect their ability to communicate and to be independent. Someone with PMLD may have severe difficulties when seeing, hearing, speaking and moving. They may need assistance with transferring as they cannot weight bear or mobilise and likely to be in a specialised wheelchair and may require support with feeding.

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

The service demonstrated how they were meeting the underpinning principles of Right support, right care, right culture.

### Right support:

Staff were aware of and followed best practice and the principles of Right support. People received person centred support and their needs were met. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful life. People were enabled to access specialist health. This was confirmed by relatives. The service provided care and support in a safe, clean, well equipped, well-furnished and well-maintained environment that met their sensory and physical needs. The service people received was provided in a house, which was similar to the other houses in the area. People's rooms were clean and personalised with their belongings and family photographs.

### Right care:

The service had enough appropriately skilled staff to meet people's needs and keep them safe. We observed people who had individual ways of communicating, using body language, sounds and pictures. People could interact comfortably with staff and others involved in their care and support because staff had the necessary skills to understand them. People could take part in activities and pursue interests that were tailored to them. The service gave people opportunities to try new activities that enhanced and enriched their lives. A relative told us, "My [relative] has visited places in London I have never visited yet." Some people had won awards in a range of competitions offered locally or by the provider, Achieve Together. Staff spoke knowledgeably about how they ensured people received care that met their diverse needs, including

spiritual and cultural differences.

#### Right culture:

The ethos, values, attitudes and behaviours of leaders and care staff ensured people using services led confident, inclusive and empowered lives. Leaders had the skills, knowledge and experience to perform their roles and had a clear understanding of people's needs and oversight of the services they managed. This was demonstrated by the registered manager and the regional manager throughout the inspection. They were both visible in the service, approachable and took a genuine interest in people. Staff told us they felt valued.

There were effective systems and processes in place to minimise risks to people. The assessments provided information about how to support people to ensure risks were reduced.

There were enough care workers deployed to keep people safe. Pre-employment checks had been carried out.

There were systems in place to ensure proper and safe use of medicines. We observed from records people received their medicines on time.

People were protected from the risks associated with poor infection control because the service had processes in place to reduce the risk of infection and cross contamination.

There was a process in place to report, monitor and learn from accidents and incidents. Accidents were documented timely in line with the service's policy and guidance.

There was an effective training system in place. Care workers demonstrated good knowledge and skills necessary for their role.

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.

There was a complaints procedure in place, which people's relatives were aware of. Quality assurance processes such as audits, accidents and incidents, were used to drive improvements.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for the service under the previous provider was good, published on 9 March 2019.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

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.

# Brent Supported Living

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Brent Supported Living provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was announced.

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

#### What we did before the inspection

We reviewed information we had received about the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support

our inspections. We used all of this information to plan our inspection.

#### During the inspection

People receiving care were not able to express themselves verbally because of complex needs. However, they were able to express themselves by using gestures. We spoke with relatives of three people. We spoke with a social care professional, the regional manager, the registered manager and two care workers. We looked at care records of three people to see how their care and treatment was planned and delivered. Other records looked at included four staff recruitment files. We also looked at records relating to the management of the service along with a selection of the service's policies and procedures.

# 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. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

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. There were policies covering adult safeguarding, which were accessible to all staff. A local authority monitoring report confirmed all safeguarding concerns were dealt with efficiently.
- Care workers had received up-to-date safeguarding training appropriate to their role. They understood the procedures they needed to follow to make sure people were safe.
- People's relatives and social care professionals told us people were safe. One relative told us, "My [relative] is safe. My [relative] has not had any accidents since moving to the [scheme]. I have nothing to complain about and I am very happy." A social care professional said, "I have confidence in the staff and families are very pleased

Assessing risk, safety monitoring and management

- There were adequate systems to assess, monitor and manage risks to people's safety. Risk assessments contained information for reducing potential risks such as those associated with going out into the community, nutrition, choking, and other medical conditions.
- There was a record of essential maintenance carried out at the supported living house. Regular safety checks had been carried out to ensure the premises and equipment were safe for people.
- Personal Emergency Evacuation Plans (PEEPS) had been completed for each person. PEEPS give staff or the emergency services detailed instructions about the level of support a person would require in an emergency situation such as a fire evacuation.

Staffing and recruitment

- There were sufficient care workers deployed to keep people safe. The registered manager, staff and people informed us staffing levels were adequate.
- During the inspection we observed the service had enough staff, including for one-to-one support for people to take part in activities.
- Appropriate recruitment checks had been carried out for all care workers so suitable staff were employed. Their personnel records showed pre-employment checks had been carried out.
- Staff recruitment and induction training processes promoted safety. Care workers considered people's individual needs, wishes and goals when providing them with care and support.

Using medicines safely

- There were systems in place to ensure proper and safe use of medicines. Medicine administration records (MAR) were completed appropriately and regularly audited.
- People's relatives told us people received their medicines as prescribed. Staff had received training to

administer medicines safely. They underwent competency assessments to make sure they had the correct skills to support people with medicines.

- There were PRN (as required) medicine guidelines with personalised details of the signs the person may show, indicating they need those medicines.
- There were procedures that showed the service was working to achieve STOMP principles. STOMP stands for stopping over-medication of people with a learning disability, autism or both. The registered manager told us they worked with relevant professionals to ensure medicines were only used when necessary.

#### Preventing and controlling infection

- People were protected from the risks associated with poor infection control because the service had processes in place to reduce the risk of infection and cross contamination.
- Care workers were supplied with appropriate personal protective equipment (PPE), including gloves and aprons. They had also completed training in infection control prevention.

#### Learning lessons when things go wrong

- There was a process in place to monitor any accidents and incidents. Accidents were documented promptly in line with the service's policy and guidance. A record of the only incident that had occurred showed action had been taken to reduce risks of the incident reoccurring.



# 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. The rating for this key question 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, before support plans and risk assessments were drawn up. Agreed goals of care were delivered in line with standards, guidance and the law. Relevant guidelines were in place, including those drawing from the National Institute of Health and Clinical Excellence (NICE).
- Care records were personalised and reflected how people wanted to be supported. All the information that staff would need to know about people's care and support needs was available in easy to read step by step format.

Staff support: induction, training, skills and experience

- Care workers had appropriate training and experience to meet people's needs. Newly recruited staff completed a recognised induction programme. Training matrices and documentation confirmed required competencies had been achieved. Updated training and refresher courses helped staff continuously apply best practice
- Care workers had received relevant training in evidence-based practice. This included training in the wide range of strengths and impairments people with PMLD may have. Completed training included, buccal administration (placing a drug between your gums and cheek, where it also dissolves and is absorbed into your blood), self-harm prevention, dysphagia (swallowing difficulties), gastrostomy care (a surgical opening into the stomach used for feeding), moving and handling and oral suctioning.
- Relatives told us staff were competent. They told us, "The care is excellent and very professional. Staff are all well trained and hardworking."
- Staff received support in the form of continual supervision, appraisal and recognition of good practice.

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

- There were arrangements to ensure people's nutritional needs were met. People were able to eat and drink in line with their cultural preferences and beliefs.
- Shopping list was based on people's preferences. There were a variety of healthy foods and home-cooked meals for people to choose from. There were person centred menus on kitchen notice boards, which they had been supported to choose.
- People with complex needs received support to eat and drink in a way that met their personal preferences as far as possible. Some people had difficulty swallowing or an inability to take adequate nutrition through the mouth and were supported through PEG (percutaneous endoscopic gastrostomy) feeding. PEG feeding tube is a way to give food, fluids and medicines directly into the stomach by passing a thin tube through the skin and into the stomach. People's support plans contained instructions on how to manage PEG tube and how to administer relevant medications.

- Staff encouraged people to eat a healthy and varied diet to help them to stay at a healthy weight. In one example, the service supported a person who required additional nutritional supplements to regain weight. This prevented the person having a surgical intervention that had been considered by health care professionals as necessary.

Supporting people to live healthier lives, access healthcare services and support

- People were referred to health care professionals to support their wellbeing and help them to live healthy lives. A relative told us, "The management employed [an expert in the particular field] who worked with staff to provide insights into the [specific need of my relative]. The [issue of concern] has since been resolved."
- People had health action plans (HAP) which were used by health and social care professionals to support them in the way they needed. A HAP is a personal plan about what a person with learning disabilities can do to be healthy.
- People were supported to attend annual health checks, screening and primary care services. Multi-disciplinary team professionals were involved in or were made aware of support plans to improve people's care.
- Staff worked well with other services and professionals to prevent readmission or admission to hospital. One person using the service had previously experienced frequent break down of placements due to their complex needs. For the first in a long time, they had been successfully placed at the scheme, where their needs were being met. Hospital admissions had also reduced. A relative told us, "My [relative] has had only one hospital visit since moving to the scheme. This is a big improvement."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People's support plans showed which decisions had been made in their best interests. Care files contained signed consent forms. Where people had been unable to consent to their care, best interest decisions had been made to provide support.
- Staff ensured that an Independent Mental Capacity Advocate was available to help people if they lacked capacity to make a particular decision.

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

- People's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment which met people's sensory and physical needs.
- The design, layout and furnishings supported their individual needs. There was sufficient space for people using wheelchairs to move freely within the premises.

# 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.

Respecting and promoting people's privacy, dignity and independence

- People's relatives told us care workers were kind and caring. A relative said, "Staff really care about my [relative] and everyone. They really think about [people receiving care] and how to best support them." Another relative said, "Staff have developed close relationships with my [relative]. They are extremely caring."
- We observed people were relaxed when communicating with care workers. We could tell from their interactions that they were happy. One person liked music, and we observed through their facial expressions they enjoyed the subject when we interacted with them.
- Staff spoke with people in an appropriate way throughout the inspection. Support plans described how people should be supported so that their privacy and dignity were upheld
- People were supported to be as independent as possible. Staff encouraged and prompted people to attend to their personal care as opposed to staff doing everything for them.
- Support plans reminded staff to offer help where this was needed to help people maximise their independence. A relative told us, "Indoors, staff support [my relative] to sit on the floor and [my relative] shuffles while they follow with a wheelchair."
- Privacy and confidentiality were also maintained in the way information was handled. Care records were stored securely in locked cabinets in the office and electronically.

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

- Care workers spoke knowledgeably about how they ensured people received care that met their diverse needs, including spiritual and cultural. People were supported with religious observances and celebrated religious and cultural festivals including Diwali, Christmas and Easter.

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

- There were systems and processes to support people to make decisions. As addressed earlier, the service complied with the provisions of the MCA 2005. Care workers were aware of the need to seek people's consent before proceeding with care.
- The registered manager maintained regular contact with relatives through telephone calls and reviews. This gave relatives opportunities to provide feedback about people's care. A relative told us, "I talk to my [relative's] key worker and the manager when I need to. They are both excellent and respond to calls and emails quickly."

# 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. The rating for this key question has remained 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

- Assessments had been completed prior to people moving to the scheme to ensure the service could meet people's needs. People's choices, likes and dislikes were reflected in their support plans.
- Care files contained meaningful information that identified people's abilities and the support required to maintain their independence. For example, one person had epilepsy and their care plan contained specific instructions outlining what the condition meant to them and how it affected them. This ensured the person received appropriate personalised care.
- People's needs were met. The service shared some examples of good practice. One person who displayed behaviours that challenged when they moved to the scheme had a range of restrictive measures put in place for their safety and also relied heavily on medicines. However, these restrictive measures were discontinued following successful intervention by the service with input from other professionals. This also involved the cessation of PRN medicines.
- Support plans were regularly reviewed. This helped to monitor whether they were up to date and reflected people's current needs so that any necessary changes could be identified and acted on at an early stage. Any changes to people's care were updated in their care records to ensure care workers had up to date information.
- There were measures in place to ensure continuity of care. There was handover at the end of each shift which ensured any changes to people's needs were discussed with in-coming staff. A communication book was in place for staff to refer to where there had been any changes to people's care.

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 participate in their chosen social and leisure interests on a regular basis. There were photos of people involved in various activities. People's achievements were celebrated. For example, the service participated in Halloween competitions. Recently they had celebrated the award of "Most creatively dressed person."
- There were other competitions that people participated in and, which they won awards including winner of garden awards for four consecutive years and pimp my wheelchair competitions. Pimp my wheelchair is a competition that is run by Achieve Together every year where people creatively decorate their wheelchairs and have fun.
- Staff empowered people to be active citizens and have equal rights in their local and wider community. A relative told us, "My [relative] is being helped to get a taxi card so they can go out into the community. The world is his oyster."

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Each person's preferred method of communication was highlighted in their support plans, which enabled care workers to communicate with people in the way people preferred.
- People had communication passports. This enabled people to communicate their needs and access equality in mainstream health care services.
- The service's attention to people's communication needs was also acknowledged by Healthwatch in Brent, who wrote, "The standard of the service observed was extremely high. The [service manager] used her own resources to create a sensory garden and the ability to use non-verbal communication with the residents was exceptional."

### End of life care and support

- The service did not have anyone receiving end of life care at the time of the inspection. However, care workers had received end of life training, so they were skilled if the need arose.

### Improving care quality in response to complaints or concerns

- The service had a complaints procedure. The procedure gave details of the process for reporting complaints. There had not been any complaint made since the service was last inspected. People's relatives told us they were aware they could speak with the registered manager or her deputy if they had any concerns.

# 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. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery. 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager was knowledgeable about the characteristics that are protected by the Equality Act 2010, which we saw had been fully considered in relevant examples, including meeting people's cultural and religious needs.
- People, relatives and professionals were regularly asked for their views on the quality of the service being provided. We spoke with a relative who confirmed their views were considered. A relative told us, "The team discusses with me anything I raise and quickly."
- There was an open and inclusive approach to the running of the service. Regular staff meetings took place. We looked at a sample of staff minutes and saw that they covered numerous topics relevant to the service for discussions and staff were free to express opinions.

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 leadership complied with the duty of candour. This is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. We had been notified of notifiable events and other issues.

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

- The service had a clear management structure consisting of the regional manager, registered manager and deputy manager. Care workers were well informed of their roles and reporting structures. They spoke positively about the registered manager, who they described in complimentary terms such as approachable, supportive and kind. They felt free to raise any concerns knowing these would be dealt with appropriately.
- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs and oversight of the service. The regional manager was equally informed and took a genuine interest in people.
- Managers engaged with other local health and social care providers and participated in local and national quality improvement activities. The deputy manager was a finalist on Brent Care awards for best care workers category. The registered manager was a finalist on Great British Care Awards, 2021 and received the highly commended award.

- The service received positive comments from a review that was undertaken by Healthwatch, Brent. The registered manager was recognised for their "exceptionally high standards" and her skill and sensitivity in non-verbal communication with people supported as well as a strong and caring relationship with her team members. Positive reviews were also received from other local agencies, including the local authority.
- Regular audits were carried out and where any concerns were found, action was taken to reduce reoccurrences and to help drive improvements. Where audits had identified issues, we saw that actions were taken to address these. We found the registered manager to be knowledgeable about issues and priorities relating to the quality and future of the service.
- Accidents and incidents were documented and regularly monitored by the registered manager to ensure any trends were identified and addressed.

#### Working in partnership with others

- The service worked in partnership with a range of health and social care agencies to provide care to people. These included, GPs, psychologists, psychiatrists, district nurses, podiatrists, chiropodists and opticians.