Support for Living Limited

Support for Living Limited - 1 St Quintin Avenue

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

We carried out an announced inspection on 31 January 2017. Our previous inspection took place in December 2015 where we found breaches of the regulations in relation to medicines management and good governance.

Support for Living – 1 St Quintin Avenue provides care and support for up to seven people living with learning and physical disabilities. At the time of this inspection the service was providing support to five adults.

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

People's written risk assessments covered a range of issues including road safety, exploitation and abuse from others, self-neglect and financial management. Risk assessments had been reviewed in line with the provider's policies and procedures.

Staff supported people to attend healthcare appointments and liaised with their GP and other healthcare professionals as required to meet people's needs. Medicines were managed and administered safely.

Where appropriate, people were involved in decisions about their care and how their needs would be met. People were supported to eat and drink according to their individual preferences.

People were protected from the risk of potential abuse because the provider operated systems for recording these matters and notified the CQC about serious incidents and/or potential safeguarding matters.

Staff developed caring relationships with people using the service and people were being supported to maintain their hobbies and interests and treated people with kindness, compassion, patience and respect.

Staff recruitment procedures were in place and were being followed to ensure suitable staff were employed by the service. Staff received the appropriate training to equip them with the skills, knowledge and experience to carry out their duties effectively and with confidence and demonstrated a good understanding of people's individual needs and wishes and how to meet them.

The home was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). CQC is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005, Deprivation of Liberty Safeguards (DoLS) and to report upon our findings. DoLS are in place to protect people where they do not have capacity to make decisions and where it is regarded as necessary to restrict their freedom in some way, to protect themselves or others. The registered manager understood when a DoLS application should be made and

how to submit one.

Monthly and weekly audits were carried out across various aspects of the service; these included the administration of medicines, care records and health and safety checks.

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.

Medicines were managed safely and administered by staff who had completed medicines training.

Risk assessments were in place for people's safety and well-being.

Staff knew how to identify abuse and the correct procedures to follow if they suspected that abuse had occurred.

Is the service effective?

Good

The service was effective.

Staff understood people's rights to make choices about their care and acted in their best interests to ensure their freedom was not unduly restricted.

People's dietary needs were met and they received assistance with eating and drinking as required.

Staff supported people to maintain healthy lifestyles and access appropriate healthcare services.

Is the service caring?

Good

The service was caring.

Staff developed caring relationships with people and were familiar with people's care and support needs.

Relatives told us staff were kind and caring and treated their family members with patience and respect.

Care records were person-centred and reflected people's individual choices and wishes and staff understood the care and support people needed and promoted their independence.

Is the service responsive?

Good

The service was responsive.

People's care plans were up to date, completed in full and signed by the appropriate people.

People were supported to provide feedback about their care.

People were supported to partake in their preferred activities.

Is the service well-led?

Good

The service was well-led.

The service had a registered manager in post. Staff were positive about the management team.

People were protected against the risk of inappropriate or unsafe care and treatment, by means of effective quality monitoring.

Incident and accident records were logged appropriately.

Support for Living Limited - 1 St Quintin Avenue

Detailed findings

Background to this inspection

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

This inspection took place on the 31 January 2017 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the service. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the service and statutory notifications received. During the inspection we used a number of different methods to help us understand the experiences of people supported by the service. We spoke with four people using the service, the registered manager, deputy manager and three support staff on duty. We spent time observing interaction between people and the staff who were supporting them. We looked at people's care records, three staff files, as well as records relating to the management of the service. We contacted three relatives following the inspection to hear their views of the service.

Good

Is the service safe?

Our findings

At our last inspection in December 2015 we found that people were not always protected against the risks associated with the unsafe storage and management of medicines. During this inspection we saw that medicines were stored appropriately in a locked cupboard and an appointed member of staff held the keys to the cupboard at all times. Medicines were managed and administered by staff who had completed medicines training. Each person using the service had a folder containing medicine administration records (MAR), medicines policies, procedures and guidelines. A large colour photograph of each person on the outside of folders ensured easy identification for staff members. All MAR sheets were up to date, accurate with no evident gaps or errors. First aid boxes we checked were adequately stocked with the appropriate items.

Risk assessments were completed upon the commencement of care provision and updated every six months and before this period if and when there were any changes in the level of risk. Risk assessments covered a broad range of issues including staying safe, daily activities of living, exploitation and abuse from others, financial management, personal care, health and well-being. Risk assessments we looked at had been reviewed in line with the provider's policies and procedures.

Staff received training in safeguarding adults and mental health legislation. Staff were able to describe the process for identifying and reporting concerns. We saw a copy of the provider's safeguarding policies and procedures which were accessible to staff via their intranet system. Staff understood how to whistle blow and told us they would report any concerns they may have to their manager and other relevant agencies where appropriate. Staff were aware of the procedures in place for responding to medical emergencies or significant changes in a person's well-being.

Before staff were employed they were required to undergo criminal record checks and provide satisfactory references from previous employers, photographic proof of identity and proof of eligibility to work in the UK. We reviewed three staff files and saw documented evidence that staff had been recruited safely and criminal record checks had been undertaken before staff commenced working with people living in the home.

The premises were clean and infection control measures were in place. Staff had access to disposable gloves and aprons. The building was secure and we were asked to identify ourselves on arrival and sign in and out of the building accordingly. We saw evidence that health and safety checks on lighting systems, fire equipment and fire exits were completed satisfactorily.

We saw that food was being stored safely. For example, the fridge was kept clean and fridge and freezer temperatures were checked daily, with clear guidelines for staff on what was a suitable temperature. Chopping boards were colour coded for different purposes to protect against cross contamination.

Staff were managing people's money safely. Money was stored in a locked cupboard. Finances were checked by the shift leader on a daily basis, and any discrepancies recorded.

Good

Is the service effective?

Our findings

Staff possessed the confidence, skills and experience necessary to support people with complex learning and physical disabilities. Staff understood people's individual needs and provided appropriate support enabling people to access the local community, attend activities and pursue hobbies, leisure and learning.

Staff were supported to carry out their roles effectively. Staff had a programme of training, supervision and appraisal, so people were supported by staff who were trained to deliver care safely and to an appropriate standard. New staff were required to complete a 12 week induction and probation period. Records showed that staff had completed mandatory training in areas such as equality and diversity, safeguarding and health and safety. We saw evidence in staff records that supervision sessions were conducted on a regular basis.

Staff received training in food hygiene and were aware of food safety issues. People were supported at mealtimes to access the food and drink of their choice. Food and drink supplies were adequate and people's preferences and individual needs were being met. People were able to access the communal kitchen when they wished and meals were eaten at a large table in a comfortable dining area which opened onto a small patio/garden area.

People were supported to maintain good health. People's care plans contained adequate information relating to their healthcare needs and included relevant guidelines in relation to specific areas such as, positive behaviour support and dietary requirements. Staff made appropriate appointments for people to see their GPs as and when needed and accompanied them to all healthcare appointments. Staff completed records detailing all healthcare appointments people were required to attend and had systems in place that ensured people were seen by the appropriate healthcare professionals at the appropriate time.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had submitted applications for all of the people using the service and was awaiting a response from the relevant agencies. We did not observe people's freedom being unnecessarily restricted in any manner.

Good

Is the service caring?

Our findings

People told us they were happy living at the service and that they liked the staff members who supported them. Relatives told us, "Staff are very helpful, patient and very kind" and, "[My family member] likes everyone there, [they] are very happy."

Staff understood people's right to make decisions about their care and also the importance of recognising and respecting people's individual values and preferences. The service maintained good relationships with people using the service and their relatives. We saw evidence that people were asked for their views about the care they received and how the service was run. Relatives provided positive feedback about the care and support provided by the service and staff.

People were supported to partake in activities and outings. Four people were preparing to attend a music and dance session held in the local community. We were shown photographs and images of people enjoying past classes and saw that people were excited about the upcoming activity session planned for later in the day. A relative told us, "[My family member] does a lot of things, goes to college, dance classes, [they're] very busy." The registered manager told us that people were being supported to plan their own annual holidays in consultation with family members.

Staff treated people with respect and as individuals with different needs and preferences. Staff understood people's needs with regards to their disabilities, race, sexual orientation and gender and supported them in a caring way. Care records showed that staff supported people to practice their religion and attend community groups that reflected their cultural backgrounds.

Staff told us that respecting people's privacy and dignity was an important part of their work and they always made sure they observed good practice such as asking people's permission, telling them what they were going to do and making sure curtains were drawn and doors were shut whilst people attended to or were being supported with their personal care.

People were supported to be as independent as possible and where appropriate manage their own needs but when needed; staff were on hand to provide support. For example, one person came in to the living area to ask a member of staff for assistance with their hairstyle, and we saw that the staff member responded positively and gave support as requested. Throughout our visit we saw kind and respectful interaction between staff and people who used the service.

Good

Is the service responsive?

Our findings

People were referred by social services and referral assessments were filed in people's care records. Care plans were developed in collaboration with people using the service, relatives (where appropriate), staff and relevant health professionals. One page profiles described people's preferences, likes and dislikes and outlined how they wished to be supported and what was important to them in their lives. Care plans were person centred, well organised and comprehensive in scope and detail. People had signed their care plans where this was possible and records we looked at were up to date and reviewed appropriately. Staff confirmed they read people's care records and had access to relevant information about how to provide good care and appropriate support to people using the service. Care records were retained safely and kept in individual files.

People's health action plans had been completed and gave details of the range of healthcare professionals involved in people's care including psychiatrists, neurologists and social workers. Information was recorded in relation to people's health appointments and we saw that people were supported to attend dental and GP appointments when required. Care records contained hospital passports. The aim of the hospital passport is to assist people with learning disabilities to provide hospital staff with important information about them and their health when they are admitted to hospital.

Staff maintained daily records about people's care. We saw that support was responsive to people's changing needs and staff recognised how to adjust the care provided dependent on whether a person was having a good or bad day. Relatives were provided with appropriate feedback about people's health and welfare.

People were provided with opportunities and support in relation to promoting their independence, home and community involvement. People took part in sports, singing, dance and drama sessions. People had access to a large comfortable lounge with comfortable seating which was well used. A sensory room with soft seating, light displays and games was also available to people using the service.

There was a key worker system in place in the service. A key worker is a staff member who monitors the support needs and progress of a person they have been assigned to support. The key worker system was effective in ensuring people's needs were identified and met as staff were able to explain the needs of the people they were supporting and how they did this.

The service manager told us resident's meetings were held with people using the service at which issues regarding future activities and the general running of the service were discussed.

The service had a complaints procedure in place. People using the service told us they knew how to make a complaint if needed. Complaints records showed the provider had not received any formal complaints since our last inspection in December 2015.

Good

Is the service well-led?

Our findings

At our previous inspection we found that people were not always protected against the risk of inappropriate or unsafe care and treatment, by means of the effective operation of systems designed to regularly assess and monitor the quality of the service.

At this inspection we found that the provider was carrying out regular auditing of care records, medicines records and health and safety environmental checks. Fire alarm tests were taking place on a weekly basis. Faulty fire doors had been repaired and were now in full working order and kept closed where this was indicated. Records in respect of each person using the service were well organised, completed accurately and reviewed in line with the provider's policies and procedures. People's care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential.

The service had a registered manager in post who was supported in his role by a deputy manager. We asked staff about the support and leadership within the home. Staff said they were confident about raising any concerns they had and were positive about how the service was organised although some staff members felt they needed more staff on duty. Relatives told us they knew who the registered manager was and felt the service was stable and well managed.

Staff told us and records confirmed they had regular work supervision meetings to discuss their performance and training needs and annual appraisals. Team meetings were taking place on a regular basis. We reviewed the meeting minutes for the last two meetings held and saw that staff were provided with a forum to discuss concerns and make suggestions and/or recommendations about how the service was run and where improvements could be made.

The provider had robust systems and processes in place designed to monitor and record accidents and incidents and any safeguarding concerns. We have received one notification from the provider since our last inspection took place in relation to a minor incident.

The provider sought feedback from people using the service via questionnaires. Results from the two completed forms we looked at confirmed that people using the service were happy with their lives and felt safe, secure and well supported.