Support for Living Limited

Support for Living Limited - 1 St Quintin Avenue

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?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

We carried out an unannounced inspection on 1 and 3 December 2015. Our previous inspection took place in September 2013 where we found the provider was meeting the regulations inspected.

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 six adults.

The service did not have a registered manager. 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. A service manager was responsible for the overall management of this service.

Summary of findings

People's written risk assessments covered a range of issues including road safety, exploitation and abuse from others, self-neglect and financial management. Not all 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 not always managed 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. Staff treated people with kindness, compassion, dignity and respect.

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.

There were enough staff deployed to the service and most staff had received the appropriate training to equip them with the skills, knowledge and experience to carry out their duties effectively and with confidence.

Staff developed caring relationships with people using the service and people were being supported to maintain their hobbies and interests.

Staff underwent criminal records checks before working with people using the service. We were able to review people's application forms, proof of identity and references.

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. Senior staff 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 and health and safety checks. However, we noted inconsistencies and inaccuracies in some of this information.

We identified two breaches of Regulations in relation to medicines management and good governance. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement 

Aspects of the service were not safe.

The provider was not following best practice around the storage and management of medicines.

Risk assessments covered a broad range of issues including road safety and exploitation from others but not all risk assessments had been reviewed in line with the provider's policies and procedures.

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.

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

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

The service manager understood the legal requirements of the Mental Capacity Act 2005 but not all staff had completed appropriate training in this area.

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.

People and their relatives were consulted about how they wished to be supported.

Is the service responsive?

Requires improvement 

Aspects of the service were not responsive.

People's care plans were not always up to date, completed in full and signed by the appropriate people.

The service conducted an annual survey but it was not clear how people were supported to provide feedback about their care.

People were supported to partake in their preferred activities.

Is the service well-led?

Requires improvement 

The service was not always well-led.

Summary of findings

The service did not have a registered manager.

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.

Incident and accident records were not always logged appropriately.

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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.

The inspection took place on the 1 and 3 December 2015 and was unannounced. The inspection was carried out by two inspectors on the first day and one inspector on the second day of our visit.

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 service manager and four support staff on duty. Some people could not let us know what they thought about the home because they could not always communicate with us verbally. Therefore we spent time observing interaction between people and the staff who were supporting them. We looked at people's care records, four staff files, as well as records relating to the management of the service.

Requires improvement

Is the service safe?

Our findings

People were not always protected against the risks associated with the unsafe storage and management of medicines**.** Medicines were stored in a locked cupboard. However, the keys to the cupboard were not always being kept in a secure place and were at times visible and accessible to people using the service and/or visitors. We also noted that one person's medicines were incorrectly stored in a controlled drug cabinet and that staff were not immediately able to locate the keys to this cabinet. Not all first aid boxes were adequately stocked and we noted that one first aid box contained inappropriate items such as germolene and TCP**.** This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff who had completed medicines training were responsible for administering people's medicines. Individual medicine administration records (MAR) for each person using the service were in place. MAR sheets were up to date, accurate and no gaps were evident. We saw records that demonstrated the service had auditing systems in place in regards to people's medicines but these had not identified the shortfalls mentioned above.

Risk assessments were completed upon the commencement of care provision. The service manager told us that risk assessments were updated on an annual basis and to reflect any changes in the level of risk. Risk assessments covered a broad range of issues including road safety, exploitation and abuse from others, self-neglect and financial management. Not all risk assessments had been reviewed in line with the provider's policies and procedures.

Staff, had received training in safeguarding adults. They were able to describe the process for identifying and reporting concerns and were able to give examples of types of abuse that may occur. 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.

We reviewed four staff files which contained information about the person employed including information relating to the application process, proof of identity and references received. We saw evidence that 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. However these checks were not always identifying or addressing issues such as broken fire door mechanisms.

Good

Is the service effective?

Our findings

People were protected from risks to their health and wellbeing because staff possessed the confidence, skills and experience necessary to support people with complex learning and physical disabilities. For example; staff understood people's individual needs and provided appropriate support enabling people to attend activities of their choice and gain access to local community resources.

The service manager told us that staff were supported to obtain the necessary skills and knowledge for their roles via a comprehensive induction and ongoing training. New staff were required to complete a 12 week induction and probation period. The service manager told us that staff attended one to one meetings with their manager on a monthly basis during their probation period.

We reviewed four staff files and documents relating to staff training and found information relating to induction training. Staff told us they felt confident in their roles. Records demonstrated that staff received supervision on a regular basis though we did not see evidence of annual appraisals taking place for staff members. The service manager told us that they were planning to introduce a system of staff appraisal in the near future.

People were supported to eat and drink what and when they wanted to. We noted that food and drink supplies were adequate and people's preferences and individual needs were being met. We observed staff supporting people with individual meal choices and assisting where needed to prepare simple meals such as eggs and salad.

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.

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).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The service manager had a good working knowledge of current legislation and guidance. Some but not all staff had completed training in mental health legislation which had covered aspects of the MCA and DoLS.

There was evidence in people's care records that the provider worked collaboratively with healthcare professionals and staff were aware of who to contact in a medical emergency.

Good

Is the service caring?

Our findings

People told us that staff treated them kindly and that they were happy living in the service One person said, “I’m very happy with all of the staff.” Staff were observed to be kind, friendly and respectful in their interactions with people.

People appeared to be comfortable with the staff caring for them. People were treated in a caring and respectful manner by staff who involved them in making decisions about their care. Staff knocked on bedroom doors and doors were closed whenever staff were supporting and assisting people with personal care. Staff were able to describe how they supported people to make choices about what clothes to wear.

Staff knew how to support people to express their views and be actively involved in making decisions about their care as far as possible. Staff told us that people, or their representatives, were asked about people’s preferences on admission to the service and that this was recorded in people’s care plans.

Care plans showed that people and their relatives had been consulted about how they wished to be supported. Relatives had been involved in decisions and received feedback about changes to people's care where appropriate. Care plans contained information about people's preferences regarding their care. People’s likes and dislikes regarding food, their interests and how they wanted to spend their time were also reflected in their care plans. People were supported to be as independent as possible and where appropriate manage their own needs.

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.

There were enough staff deployed to the service to support people to attend college classes, go out for walks and to the shops. People took part in music and dance sessions and had been away on holidays.

Requires improvement

Is the service responsive?

Our findings

People were referred by social services and referral assessments were filed in people's care records. We noted that the provider involved social services in decisions about people's care based on correspondence we reviewed. Care plans included information and guidance to staff about how people's care and support needs should be met. However, not all care plans had been completed in full, were up to date and signed by the appropriate people. 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. Some care records but not all 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.

People were provided with opportunities and support in relation to promoting their autonomy, independence, home and community involvement. During our visit we saw people returning from college placements and getting ready to go out to attend local community groups. Some people took part in gym and sports sessions whilst others took part in singing, dance, drama and computer sessions.

We noted people had access to a large comfortable lounge with comfortable seating which was well used. One person was watching their favourite television programme on television and told us, "I love Dinner Date and Jeremy Kyle; I love the arguing and disagreements!" Later in the day we saw another person exercising to music of their choice in the lounge area. 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 at which issues regarding future activities and the general running of the service were discussed. We read the minutes for a meeting held in August 2015 and saw that college courses and people's relationships with others had been discussed.

Information regarding how to make a complaint was available to people using the service and family members. The last recorded complaint was dated April 2014. We were told that no complaints had been received since this date.

Requires improvement

Is the service well-led?

Our findings

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.

The provider carried out regular auditing of medicines and health and safety aspects. However, we identified shortfalls during our visit in relation to the storage of medicines which had not been identified by a system of internal auditing. We also noted that fire alarm tests were not taking place on a weekly basis and checks were failing to identify and rectify issues concerning the closing mechanisms of some fire doors within the building.

Incident and accident records were not always logged appropriately. We saw incident forms from May 2015 that had not been uploaded to the computer systems and therefore we cannot be assured that all incidents and accidents were reviewed by management and where appropriate action taken to ensure that any risks identified were addressed.

Team meetings did not take place on a regular basis. We read the minutes of the last three meetings held in 2015.

The minutes form the March 2015 meeting instructed staff to update all hospital passports. The minutes from the meeting held in May 2015 recommended that staff update all support plans. We identified shortfalls in both these areas during our visit which indicated that recommendations were not being actioned appropriately.

The provider carried out an annual survey for people using the service and their relatives. However, analysis of the survey results did not indicate how many people using the service, if any, had responded.

The above issues related to a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service did not have a registered manager. 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. A service manager was responsible for the day to day running of the service with support from a deputy manager. The deputy manager was not available at the time of our inspection.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The provider did not ensure that care and treatment was provided in a safe way as systems for the proper and safe management of medicines were not operated Regulation 12 (1) (2) (g)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider did not operate effective systems to monitor and improve the quality and safety of the services provided, to monitor and mitigate the risks relating to health safety and welfare of service users. Regulation 17 (1), (2) (a), (b)