

Independent Supported Living and Disabilities Ltd

Crowthorne Care Southall

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

Crowthorne Care Southall is a supported living service, registered to provide personal care to adults with mental health needs or learning disabilities. The service can accommodate up to five people. Five people who had mental health needs were living at the service at the time of the inspection.

There was a manager in post. They were in the process of applying to be registered with the Care Quality Commission. 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 and associated Regulations about how the service is run.

The last inspection was on 10 March 2015 and the service was rated Good.

This inspection took place on 28 February 2017 and the service remained Good.

People enjoyed using the service, they felt safe and their needs were being met. They thought the staff were kind and caring. People were involved in planning their own care and reviewing how their needs were being met.

The staff were appropriately trained and supported. They had good information about their roles and responsibilities and about each person's needs.

The service was appropriately managed. Records were well maintained, up to date and reflected the service. There were appropriate systems for monitoring the quality of the service.

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 remains Good

People living at the service felt safe. The risks they experienced had been assessed and there were plans to support them with these.

The staff had received training regarding safeguarding adults and were aware of their responsibilities under this.

People received their medicines in a safe way.

There were enough suitably recruited staff to keep people safe.

Is the service effective?

Good ●

The service remains Good.

The staff were appropriately trained and supported.

The provider had acted in accordance with the Mental Capacity Act 2005. People had consented to their care and treatment.

The staff supported people to access health services.

People were supported to plan and prepare their own food.

Is the service caring?

Good ●

The service remains Good.

People were cared for by kind, polite and friendly staff.

People's privacy and dignity were respected.

Is the service responsive?

Good ●

The service remains Good.

People were involved in planning their own care.

People knew how to raise concerns and felt confident these would be addressed.

Is the service well-led?

Good ●

The service remains Good.

There was a clear management structure at the service.

There were systems for monitoring the quality of the service which included asking people who lived there and their representatives for feedback.

Crowthorne Care Southall

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 checked 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 was a comprehensive inspection on 28 February 2017. The inspection was carried out by one inspector and was unannounced.

Before the inspection we reviewed the information we held about the service. This included the last inspection report, statutory notifications about incidents and events affecting people using the service and a Provider Information Return (PIR) the registered manager completed and sent to us. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We sent questionnaires to people using the service, external professionals and staff who worked at the service to ask them about their experiences and three members of staff responded.

During the inspection we spoke with four of the five people who lived there. We also met and spoke with the service manager, the nominated individual, a manager from another of the provider's locations who was offering support to the service and a support worker.

We observed how people were being supported, including the administration of medicines. We looked at records which included two support plans and associated records, staff recruitment and support records, records of the provider's own quality assurance, meeting minutes and records relating to medicines.

As part of the inspection we viewed reports carried out by the local authority regarding their inspections of the service.

Is the service safe?

Our findings

The provider's registration was for the provision of the regulated activity of personal care and not accommodation. The accommodation was provided by a separate landlord. Therefore we did not inspect the environment where people lived as this did not fall within the remit of the regulated activity. However, a recent inspection by the London Borough of Ealing had identified some concerns regarding the way in which the risks within the environment were managed. In particular they had raised concerns that people sometimes smoked in the building. The provider had clear rules against this and we saw evidence they regularly discussed these rules with people as a group and individually. People had signed their agreement to these rules and persistent non-compliance had resulted in some people being told they could no longer live at the service. However, the London Borough of Ealing identified that these rules were being broken and the practice of smoking cigarettes and extinguishing these in an unsafe way presented a risk. They also identified that poor ventilation in rooms where people smoked resulted in a risk to others. They told the provider to take action to improve the situation. The provider had supplied the local authority with an action plan outlining how they planned to meet their requirements. On the day of the inspection people smoked outside the building in a dedicated smoking area and there was no evidence of smoking within the building. The local authority had also identified that people did not always use the kitchen safely. We saw that the staff had created risks assessments in relation to this. In addition we saw the staff monitoring people's use of the kitchen and making sure they did not leave food in the oven unattended.

There were appropriate safeguarding procedures and the staff had received training in these. The staff on duty and those responding to our surveys were able to tell us about the action they would take if they were concerned that someone was being abused. Information about safeguarding was available for people who used the service and staff.

The provider had created risk assessments for each individual and regarding different activities at the service. People had been involved in creating and agreeing to plans about how to manage the risks they experienced. Risk assessments were regularly reviewed and updated. There was information about who was at risk and action the staff and people needed to take to reduce the likelihood of harm.

People received their medicines in a safe way. The medicines were stored appropriately and the staff made checks on storage temperatures and stocks of medicines. Each person had an individual medicine profile detailing their specific needs. People had consented to the staff supporting them with medicines. The staff undertook daily audits of medicine supplies and records. People told us they were happy with the support they received in this area.

The service had staffing throughout the day and night. For the majority of the time only one member of staff was on duty. The provider had assessed that this was enough to keep people safe. The staff told us that it was sometimes difficult to help motivate people to undertake different activities out of the house. Additional staffing was provided for this when needed but people did not always want to participate and the funding for each person did not allow for higher staffing levels. However, people told us they did not have to wait for

support and were happy with the staffing levels at the service. The provider told us that the service had flexible staffing arrangements where staff from their other services offered additional support when needed. There were appropriate arrangements for the recruitment of staff which included checks on their identification, eligibility to work in the United Kingdom, references from previous employers and checks on their criminal records.

Is the service effective?

Our findings

People were cared for by staff who were appropriately inducted, trained and supported. The staff on duty and those responding to our surveys told us that they were able to take part in a range of on line and classroom based training which they found useful. There was a range of information for the staff about their roles and responsibilities. There were good systems for communicating and planning work. The staff often worked alone. One member of staff had raised concerns about the way in which managers communicated and supported the staff in response to the provider's own survey. However, records of staff meetings, the staff communication book and other information did not show others felt there was a problem. We discussed this with the manager who agreed to speak with all the staff about whether they felt supported and if they had any specific concerns they would like addressed. One member of staff who spoke with us told us, "The on call system works well and we have support if we need it." The people who used the service told us they felt the staff were appropriately skilled.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005. We checked to see if the provider was working within the principles of this Act. The staff had assessed the capacity to make decisions for people who used the service. At the time of the inspection everyone had been assessed as having capacity to make decisions about their care and treatment and whether they wished to reside at the service. The provider had obtained their consent for different aspects of their care and we saw evidence that individual areas had been discussed with people and they had agreed to these, for example, for staff supporting them with budgeting and finances, for staff to administer medicines, for information to be shared in records and for photographs to be taken. Where people had specific requests regarding consent these had been recorded as part of the agreements. There were regular meetings with people where their needs were reviewed and they agreed to the plan of care to meet these needs.

People were supported to access healthcare services as needed. People told us they were happy with this support and could see a doctor or other healthcare professionals when needed. Their healthcare needs were recorded in care plans and there was evidence of regular appointments.

People were allocated their own budgets to buy food. They planned, shopped for and cooked their own meals. The staff supported people with planning and cooking if needed.

Is the service caring?

Our findings

People told us they had good relationships with the staff. They said the staff were kind, caring and polite. We saw the staff being respectful towards people and treating them with kindness, offering choices and allowing people to make decisions. One person said, "The staff are great, there is a really nice atmosphere, I am very happy here." Another person told us, "I am settling in here, the staff have been very nice."

The care was planned in partnership with each person and reflected their preferences and wishes. They had signed agreement to their care plans and had regular individual meetings with the staff to reflect on how they were being cared for and plan for the future.

People told us the staff respected their privacy and dignity. They said they were able to lock their bedrooms and the staff respected their space and choices. People were supported to maintain their independence as much as possible. For example, they shopped and cooked for themselves, cleaned their own rooms and clothes and maintained their own personal care.

Is the service responsive?

Our findings

People received personalised care which was based on their needs and reflected their preferences. They confirmed this. We saw that each person had an individual support plan which outlined their needs. These were reviewed each month by the person and staff. Together they created objectives for each month which they worked towards with the support of staff. People had signed their agreement with their support plans. We saw evidence of regular discussions about these with the person.

People living at the service did not need support with physical personal care. They were able to maintain their independence in some areas. They were supported with administration of medicines, with budgeting and with planning some of their activities. People were able to access the community independently and were free to do this whenever they wanted.

There were a number of house rules based on supporting and respecting one another and keeping the environment safe. These had been discussed with each person and people had signed their agreement to the rules.

One person using the service at the time of our inspection had a job. The staff told us they had supported others to look for work and college placements but had not had any success in this area. Therefore four of the people living at the service had limited structured activity. We spoke with the manager about this. They said that motivating people was difficult and the staffing levels reflected the funding arrangements which did not always allow for additional staff to support activities outside of the home. The staff told us they sometimes supported people with a specific shopping request but that there were no formal structured planned activities. People living at the service told us they were happy with this. However, the lack for structure and activities outside the home could mean a slower recovery for people regarding their mental wellbeing and could impact on their independence and learning of new life skills. The staff told us that it was sometimes hard to motivate people to try new things.

People told us they knew how to make a complaint and felt confident that the staff and manager addressed any concerns they raised.

Is the service well-led?

Our findings

People felt the service was well-led. They told us they had access to the manager and were able to speak with senior staff and managers when needed. The staff told us they felt the service was appropriately managed and ran efficiently.

There was a manager in post who had worked at the service since 2015. The manager was responsible for this and two other services. In addition there was another service manager who worked full time at this service running this on a day to day basis. The manager told us that they had applied to be registered with the Care Quality Commission but there had been processing problems with their application. At the time of the inspection the application needed to be resubmitted by the manager so this application could be considered. 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.

Records at the service were up to date, accurate and appropriate. The staff recorded the support they had given each person daily, this included how the person had felt, information about their mental and physical health and any assistance they required. People using the service had signed their agreements to support plans and reviews of these. The staff had signed their understanding of policies and procedures and there was clear information for them about their roles and the needs of the service.

The provider had appropriate systems for monitoring the quality of the service. These included checks by the staff, the manager and senior organisational managers. The provider employed a quality assurance manager who carried out monthly audits of the service. We saw evidence of checks and audits. In addition we saw that the manager had created action plans where concerns were identified and these were followed up at the next audit. People using the service, their representatives and the staff were asked for their views through regular meetings, which were recorded, and surveys asking for their opinions.

The local authority had carried out a number of different quality monitoring visits, including a whole service review and a recent audit of the safety of the environment. The provider had responded appropriately to these visits creating an action plan where problems were identified. There was evidence they had taken appropriate action to put things right.