

Homely Supported Living Ltd

# Homely Supported Living

## Inspection report

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London  
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22 May 2019

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### Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

**Inspected but not rated**

Is the service effective?

**Inspected but not rated**

Is the service caring?

**Inspected but not rated**

Is the service responsive?

**Inspected but not rated**

Is the service well-led?

**Inspected but not rated**

# Summary of findings

## Overall summary

### About the service:

Homely Supported Living is registered to provide personal care and support to people with a learning disability, autistic spectrum disorder and a mental health condition.

Not everyone using Homely Supported Living receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating.

Where they do we also take into account any wider social care provided.

This service provides care and support to people living in one 'supported living' setting, so that they can live as independently as possible.

At the time of our inspection, only one person was in receipt of personal care and support. The person had been receiving personal care for less than a year. This meant that although we were able to carry out an inspection we did not find enough information and evidence about parts of the key questions we ask about services, or the experiences of people using the service, to provide a rating for each of the five questions and an overall rating for the service. We were therefore not able to rate the service.

### People's experience of using this service:

The provider had systems in place to help ensure people were safeguarded from the risk of harm and abuse.

A person was supported by staff who knew how to meet their needs safely.

Staff were knowledgeable about safe infection control practices.

Risks to people's healthcare needs were identified, assessed and mitigated.

Staff were trained in safe medicines administration.

The person's needs were assessed before they started receiving care.

The provider had processes in place to assess people's capacity. There were systems in place to support people to have maximum choice and control of their lives, and staff were trained in the Mental Capacity Act 2005 to ensure they supported people in the least restrictive way possible.

The person's dietary needs were met by staff who knew their individual needs.

The person was encouraged to be independent. Their care plan detailed their likes and dislikes.

The person, their relative, staff and healthcare professionals spoke positively about the management of the service.

### Rating at last inspection:

The service was registered by CQC on 29 June 2018. This is the service's first inspection since its registration.

### Why we inspected:

This was a planned comprehensive inspection based on CQC's scheduling process to check the safety and quality of care people received.

### Follow up:

We made a recommendation in our inspection report, which we will follow up at our next inspection. We will

continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received, we may inspect sooner.

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

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

We always ask the following five questions of services.

### **Is the service safe?**

Details are in our Safe findings below.

**Inspected but not rated**

### **Is the service effective?**

Details are in our Effective findings below.

**Inspected but not rated**

### **Is the service caring?**

Details are in our Caring findings below.

**Inspected but not rated**

### **Is the service responsive?**

Details are in our Responsive findings below.

**Inspected but not rated**

### **Is the service well-led?**

Details are in our Well-Led findings below.

**Inspected but not rated**

# Homely 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

This inspection was carried out by one inspector.

#### Service and service type:

Homely Supported Living provides personal care and support to people living in their own homes in the community and in a 'supported living' service. 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.

The service had a manager registered with the Care Quality Commission. 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.

#### Notice of inspection:

We gave the service 48 hours' notice of the inspection because the location provides a domiciliary care service to people living in their own homes and in a 'supported living' service and we needed to be sure that they would be in.

Our inspection process commenced on 22 May 2019 and concluded on 23 May 2019. It included visiting the service's office and speaking to the relative of the person who used the service. We visited the office location on 22 May 2019 to see the registered manager and to review care records and policies and procedures. We spoke to one relative on 23 May 2019.

#### What we did:

Our inspection was informed by evidence we already held about the service. We also checked for feedback we received from members of the public and the local authority. The provider had completed a Provider Information Return. This is information we require providers to send us at least once annually to give some

key information about the service, what the service does well and improvements they plan to make. We spoke with two care staff, the registered manager and the provider's consultant. We reviewed one person's care records, four staff records including recruitment, training and supervision, and other records about the management of the service. Following the inspection, we spoke to one relative and contacted the local authority. We also reviewed documents sent to us by the provider following the inspection.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

We did not have sufficient evidence to rate the safety of the service. The provider had measures in place to ensure people's safety, but as the person had been receiving personal care for less than a year, we did not find enough information and evidence to demonstrate the effectiveness of these measures.

Systems and processes to safeguard people from the risk of abuse

- A relative told us the person was safe with staff. They said, "[Person] is safe. We trust all the staff there."
- Staff were trained in safeguarding and demonstrated a good understanding of safeguarding people from abuse, harm and poor care. Their comments included, "I will inform the management. I will complete the body map. I will make sure [person who used the service] is safe" and "Make sure [person] is not abused. I would know if there is any change in [person's] behaviour. I will check for marks, bruises, look out for any signs of abuse. Going to first call my manager, make a report, call the police if needed."
- Staff knew how to blow the whistle if they had concerns about people's safety. A staff member said, "I am going to report it to the police as this may be negligence, probably call the CQC to inform them. I would also immediately call the social worker. I definitely feel comfortable in whistleblowing, it is about a person's life and safety."

Assessing risk, safety monitoring and management

- The provider had identified, assessed and mitigated risks associated with the person's healthcare needs.
- We reviewed one person's risk assessments, they were comprehensive and regularly reviewed. The risk assessments gave staff sufficient information on how to meet the person's needs safely. They were for areas such as travelling in the car, accessing the community, personal care and hygiene, nutrition and hydration, mobility and behaviour.
- Staff knew risks to the person and how to provide safe care. A staff member said, "It is about people's safety. I make sure [person] is safe, when in the house, make sure the environment is hazard free, all the [cleaning] material locked away. When we go out we make sure we are walking side by side as [person] doesn't understand road safety."

Staffing and recruitment

- The relative and staff told us there were enough staff in place to support the person safely. Staff rotas confirmed this.
- Staff files contained recruitment documents and checks including reference, identity, right to work in the UK and criminal records. However, there were no interview notes. The registered manager told us they did not keep any records of candidates' interviews. However, they said that moving forward they would keep those records.
- We also found two staff's employment history in their application forms and CVs did not match. This had not been identified by the provider prior to our inspection. We discussed this with the registered manager. They told us it was their oversight and that they would speak to the staff to clarify it. Following the inspection, the registered manager updated us on the inconsistencies. We were reassured by the update.

- Staff reference checks were not clear whether they were from the previous employers or were character references. We discussed this with the registered manager. They told us that they would review and update their reference forms. This would ensure clarity in relation to whether it was a professional or a character reference.

We recommend that the provider seeks guidance and advice from a reputable source, in relation to recruitment practice.

#### Using medicines safely

- The provider had procedures in place for safe medicines management. At the time of our visit, the provider was not supporting the person with their medicines.
- Staff were trained in safe handling of medicines. The registered manager understood any training to support people with their medicines would need to be updated regularly.
- The provider had systems in place to assess staff competency to give medicines safely before they could administer medicines. However, the registered manager told us they did not maintain records of the assessment. They reassured us that moving forward they would keep competency assessment records.

#### Preventing and controlling infection

- Staff were trained in infection control and were knowledgeable about the safe infection control practices. They told us they were provided with sufficient personal protective equipment.

#### Learning lessons when things go wrong

- The provider had procedures in place to report, record, and investigate accidents and incidents. There were processes in place to ensure appropriate actions were taken when things went wrong, and lessons were learnt to minimise future occurrence.
- There had been no accidents or incidents since the provider had been registered so we could not assess the effectiveness of these systems.



# 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

We did not have sufficient evidence to rate the effectiveness of the service. The provider had systems in place to assess and meet people's individualised needs. Staff were provided with sufficient training and supervision. The provider had processes in place to ensure people's capacity was assessed and were given maximum choice over their care. However, there was not enough evidence to demonstrate the effectiveness of these measures.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- A relative told us staff knew the person's needs and said, "[Person who used the service] needs are met."
- The provider had systems in place to assess people's needs before they started using the service to ensure they could meet people's needs and to identify staffing and training needs.
- The provider had assessed the person's needs before they started providing care. The assessment process included visiting the person at their residence, speaking to the relative and to the relevant professionals involved in the person's care.
- At the assessment meeting, they discussed the person's physical, medical and care needs, abilities, daily routines and how they wanted to be supported. Records confirmed this.

Staff support: induction, training, skills and experience

- Staff were provided with induction training before they started providing care. There was a refresher training programme in place to ensure staff were appropriately trained to meet people's individual needs effectively. Records confirmed this.
- Staff told us the training was good and helpful and that they felt confident in their job.
- Staff received regular supervision. They told us that they felt supported. Supervision records showed staff received supervision every two months.

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

- A relative told us staff met the person's dietary needs. They said, "[Person] is given enough food."
- Staff were aware of the person's dietary needs and food likes and dislikes. One staff member said, "[Person] likes to eat the Caribbean food. Likes eating plantain and yams and likes jollof rice. [Person] likes to eat when you are eating with them. This motivates and encourages [person] to eat."
- The person's care plan gave information on their dietary needs and risks associated with their dietary needs.

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

- The provider had systems in place to assist people to access healthcare services where this was requested.
- The person's care plan contained the relevant healthcare professionals' contact details and their care file

had records of healthcare professionals' correspondence.

#### 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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

- The person who used the service had capacity to make day to day decisions, so we were therefore unable to assess whether the provider's systems to support people who lacked capacity were effective.
- The registered manager and staff understood their responsibilities around consent, giving people choices and encouraged people to make decisions regarding their care and treatment.

## 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

The provider had systems in place that enabled staff to build trusting relationships with people. However, as the service had been supporting the person for less than a year we did not find enough information and evidence to rate this key question.

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

- A relative told us staff, "Yes, [staff] are friendly and caring."
- Staff were trained in equality and diversity. They told us they treated people as unique individuals and respected their differences. They told us they provided person-centred care that reflected people's protected characteristics. The Equality Act 2010 introduced the term "protected characteristics" to refer to groups that are protected under the Act. It is unlawful to treat people with discrimination because of who they are.

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

- The provider involved the person and their relative, where necessary, in the care planning process to identify their care outcomes and how they would like to be supported. The person's care documents confirmed this.

Respecting and promoting people's privacy, dignity and independence

- The registered manager told us the continuity of care was important to them and they had processes in place to ensure that.
- The person was supported by the same team of staff, which enabled them to establish trust and positive working relationships. The person's daily care logs and staff rotas confirmed they were being supported by the same team of staff.
- A relative told us staff, "[Staff] treat [person who used the service] with dignity and respect."
- Staff demonstrated a good understanding of the importance of treating people with dignity and respecting their privacy. A staff member commented, "[I] always make sure [person] is well dressed, has right [weather appropriate] clothes on, make sure when giving [person] personal care, I always talk to [person] about the care tasks."
- Staff encouraged and promoted the person's independence. A staff member said, "[Person] drinks tea regularly. We supervise [person] when making a cup of tea so that [person] doesn't burn herself with hot water. [Person] likes dressing [themselves], we prompt [person] to wear weather appropriate clothing."

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs

The provider had systems in place to be a responsive service. However, as the person was receiving personal care for less than a year, we did not have enough information and evidence to provide a rating.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The person's care plan was comprehensive, person-centred and regularly reviewed. It contained information in areas such as the person's background and personal history, wishes, likes and dislikes, communication needs, health and social care needs, care outcomes, and how they would like to be supported.
- This showed staff were provided with sufficient information about the person's preferences and needs to enable them to provide personalised care.
- The person's daily care records confirmed staff provided care as per the agreed care plan.
- The care plan was in an accessible format. It gave staff information about the person's individual communication needs and on how to communicate effectively with them. It also included the person's behavioural management plan that gave staff information on triggers, signs and actions they were required to take to support the person when they displayed behaviours that challenged other people and staff.
- The service identified the person's information and communication needs by assessing them. Staff understood the Accessible Information Standard (AIS). The person's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for the individual. The AIS sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place. The person and their relative were provided with information on how to raise concerns and make a complaint.
- However, as no complaints had been received, we were not able to judge the effectiveness of the provider's processes.

End of life care and support

- The provider had an end of life care policy in place to support people with end of life care needs. However, currently no one was being supported with end of life care needs. We were therefore unable to assess whether the provider's systems to support people on end of life and palliative care were effective.

## 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

A relative and staff spoke positively about the management. However, as the person was receiving care for less than a year, we did not have enough information and evidence to provide a rating in this area.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- A relative told us, "Yes [registered manager] is approachable and easy to talk to. [The service] is well managed and if I knew someone in [person who used the service] situation, I would definitely recommend the service to them."
- The registered manager understood their responsibilities in relation to duty of candour. They told us, "Being transparent and honest. Any incidents and complaints to be dealt with transparently and respond to in a timely manner, learn lessons from them, liaise with relevant parties in a timely manner." Duty of candour is intended to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment.
- The registered manager and staff were clear about their roles in providing care that met the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014.
- The registered manager was aware of their registration requirements with the CQC and the statutory notifications they needed to submit to us by law.
- The provider had systems and procedures in place to ensure the safety and quality of the service. There were records of unannounced spot checks to ensure staff arrived on time and that the person received care as per the agreed care plan.
- The provider had policies and procedures in place relevant to the service. However, at the time of our inspection we were unable to assess fully the effectiveness of these policies and procedures due to the limited service being provided.

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

- The provider had systems in place to engage with people, relatives, staff and healthcare professionals, and formally seek their feedback on the quality and safety of care, and the management of the service.
- We reviewed completed survey forms that showed the person and their relative were happy with the service, staff felt supported, and healthcare professionals were positive about the service.

Working in partnership with others

- The registered manager told us they worked with the local authority to ensure people received good care.
- A healthcare professional said that the service worked well with them to ensure the person received good care.

