Support for Living Limited

Support for Living Limited - 26 Stockdove Way

Inspection report

26 Stockdove Way
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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Support for Living - 26 Stockdove Way is a care home providing personal care and accommodation to people with a learning disability or autistic spectrum disorder. It supports up to eight adults with multiple or complex needs such as profound learning and physical disabilities and who are living with additional conditions, including epilepsy. The purpose-built house is situated in a residential area. It is part of the Certitude brand who have a range of care services across 14 London Boroughs.

People's experience of using this service and what we found
Relatives and adult social care professionals told us people were safe. However, we found medicines were not always managed in a safe way.

There were systems in place to monitor the quality of the service and recognise when improvements were required. These were not always sufficiently robust to have identified and addressed the issues we found at this inspection.

People had personalised care and risk management plans in place. These reflected people's care and support needs and preferences. We have made a recommendation about people's risk management plans in relation to supporting people with mobility issues.

There were systems and processes in place to protect people from the risk of harm. The provider recruited staff using safe recruitment processes. There were arrangements in place for preventing and controlling infection. The service worked with other agencies to make sure people received joined up care.

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. The model of care maximised people's choice, control and independence. People's care was person-centred and promoted their dignity, privacy and human rights. The ethos, values, attitudes and behaviours of the managers and care staff ensured people
using services led inclusive and empowered lives.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update
The last rating for this service was requires improvement (published 5 December 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been sustained and the provider was still in breach of regulations. The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected
The inspection was prompted in part by notification of a specific incident wherein a person using the service sustained a serious injury. The information the CQC received about the incident indicated concerns about supporting people with mobility issues to move safely. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.
The overall rating for the service remains requires improvement. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Support for Living - 26 Stockdove Way on our website at www.cqc.org.uk.

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to providing safe care and having effective systems in place to monitor and improve the quality of the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Support for Living Limited - 26 Stockdove Way

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was conducted by one inspector.

Service and service type
Support for Living Limited - 26 Stockdove Way is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.
We used all of this information to plan our inspection.

During the inspection
We spoke with five members of staff, including the registered manager, a deputy manager, a cook and two support workers. We reviewed a range of records. This included medicines support records, three people's care records and staff files in relation to recruitment. We looked at a variety of records relating to the management of the service, including policies and procedures.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We spoke with two relatives of people who use the service. We spoke with five professionals who have recently worked with the service.

Requires Improvement

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- People's medicines were not always managed in a safe way.
- One person was prescribed medicine patches for pain relief and staff supported them to wear a new patch on their skin each week. However, there was no record of where on the person's body staff applied the patches and no clear guidance for staff to not re-use a patch site for at least three weeks. This meant the person was at risk of not receiving the prescribed medicine safely in line with the medicine's safety information.
- The provider assessed staff practice to make sure they were competent in the medicines support being asked of them. We saw that the annual reviews of some staff competency assessments had not been completed, which was not in line with national guidance on managing medicines in care homes. This meant the provider was not always assured staff remained competent to support people with their prescribed medicines.
- People's care records did not always set out information about their medicine for staff, such as why it was prescribed and potential side effects. For example, this was not in place for the person who was prescribed pain relief patches. This meant staff were not always provided with up to date information to help them always provide medicines support in a safe manner.

We found no evidence that people had been harmed however, these issues indicated medicines were not always managed in a safe way and to help ensure people always receive their medicines as prescribed. This placed people at risk of harm. This was a breach of regulation 12 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed these issues with the registered manager who responded promptly during our inspection. They implemented a new system for staff to record administering medicines patches to different sites on the person's body. They acknowledged some medicines information records and staff competency re-assessments were overdue review and stated they would address this shortly after the inspection.

- Other people's care records provided information about their prescribed medicines, with specific guidelines for the administration of some medicines when required. For example, when a person needed to take their medicine with food, or for medicines to be taken only when needed, such as in an emergency. These guidelines had been approved by the prescribing GP. The service used medicines administration records (MARs) to document when staff had supported people to take their medicines as prescribed. The MARs we viewed had been completed appropriately.
- Medicines were stored in an appropriate and secure manner and staff monitored the temperatures at

which medicines were stored. We counted a sample of medicines held and this corresponded with the amounts staff had recorded.
● The registered manager completed regular audits of the medicines support processes and acted in response to any findings to make sure they were safe and effective.

Assessing risk, safety monitoring and management
At our last inspection we found the provider's systems were either not in place or robust enough to demonstrate people's safety was being effectively managed. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

While we found some improvement was still required at this inspection, enough improvement had been made and the provider was no longer in breach of Regulation 12 in regard to these issues.

● We found a section of flooring in a corridor was damaged and there was a risk this could have been a tripping hazard for some people. We discussed this with the registered manager and by the end of our inspection visit they had made this safe. They told us the provider was working to replace the flooring.
● The registered manager completed risk assessments for when people with mobility needs required support to transfer, for example, from a bed to a chair or bathroom. While there was assorted information for staff on how to provide this moving and handling support, we found this was stored across two different care planning systems the service was using when we inspected. We received mixed feedback from staff on whether this guidance on how to support people safely with their mobility needs, such as how to use a hoist, was always available to them. For example, some staff explained the guidance that was in place while other staff were not sure of this. This meant there was a concern staff could not always access up to date guidance on how to support people safely with their mobility needs.

We recommend the provider consider current guidance on reviewing risk management plans to manage risks associated with people's safe moving and handling and take action to update their practice accordingly.

We discussed this with the registered manager so they could take action to review their risk management processes. They later informed us they planned to transfer all people's support and risk management planning information to one system shortly after our visit.

● Staff attended moving and handling training on how to support people and use equipment safely and afterwards completed competency assessments of their understanding of this. Staff told us they had found this training beneficial. This helped to assure the provider people were competent to provide the moving and handling support required of them. Relatives and adult social care professionals told us they felt staff supported people appropriately.
● The registered manager also assessed other risks to people's safety and well-being. These assessments considered risks such as people's health conditions and behaviour that lead a someone to injure themselves and actions to reduce these risks.
● The registered manager completed a range of checks to monitor and maintain a safe environment for people. These included the home environment, water temperatures and lift servicing.
● There were fire safety arrangements in place. The provider regularly ensured fire doors, fire alarm call points and evacuation routes were working and clear. Staff practiced fire drills periodically and the staff had completed safety training so they knew what to do in the event of an emergency. People had personal emergency evacuation plans (PEEPs). PEEP's are important as they are used by staff and the emergency services as a guide to what support a person might need in the event of a fire or other emergency.

Preventing and controlling infection

● There were arrangements in place for preventing and controlling infection.

● They provider had safe protocols in place to help prevent visitors from catching and spreading infections. We observed staff implementing these protocols with a visitor during our inspection. However, people did not have individual visitor risk management plans in place to promote person-centred visitor arrangements, in line with current national guidance. We discussed this with the registered manager and the provider's area manager so they could address this.

● The provider accessed regular COVID-19 testing for people using the service and staff. This helped them to monitor people's safety and well-being and identify a potential outbreak at the service. At the time of our visit people using the service and almost all the staff team had received their COVID-19 vaccinations. The registered manager stated that remaining staff would receive this in the near future.

● There had no admissions to the service since our last inspection and there were no vacancies when we visited. Nonetheless, the registered manager had appropriate systems in processes in place to admit people to the service safely.

● The home appeared clean and free of offensive odours on the days we visited. Staff completed regular cleaning of communal areas, bathrooms and people's rooms, including frequently touched surfaces. They recorded this using daily schedules and we saw these were checked at staff handover times.

● Staff received information and training on infection prevention and control and COVID-19. Staff were provided with suitable personal protective equipment (PPE) to work with people safely. This included gloves, aprons, face masks and alcohol gel hand sanitiser. The manager monitored staff to make sure they used this appropriately. We saw staff using PPE safely during our visit. The registered manager and staff told us they could always access supplies of this when needed.

Systems and processes to safeguard people from the risk of abuse

● There were systems in place to safeguard people using the service from the risk of abuse. Relatives and adult social care professionals told us they felt people were safe.

● Staff we spoke with had completed safeguarding awareness training and told us they found this helpful. Staff knew how to respond to safeguarding issues and raise concerns to their managers. They felt confident the managers would listen to them and respond to concerns promptly. Staff also knew how to escalate concerns to the provider's senior managers or other external agencies if required.

● Staff recorded when they handled people's money. We saw these records were up to date, checked a number of times each day and weekly by staff and managers. We checked a sample of these and the records were correct. This helped to protect people from the risk of financial harm.

● The registered manager promoted safeguarding awareness at regular team meetings and staff supervisions. The provider had a clear safeguarding adults policy and procedure in place and promoted awareness through the organisation's intranet and periodic quality briefings.

Staffing and recruitment

● The registered manager ensured enough staff were on shift each day to support people to stay safe. Staffing rotas at the time of our inspection indicated sufficient staffing levels and that people were supported by a consistent team. When they had engaged an agency worker the registered manager ensured they only worked at this home as an infection prevention and control measure.

● Staff told us there were enough staff, although they acknowledged it had been difficult at times to cover some shifts during the pandemic while some staff had to shield. Throughout our visit we observed staff and managers respond to people's care and support needs promptly in and a respectful manner. An adult social care professional also told us they had observed that staff were busy but always had time for people and supported them with an unhurried approach.

● The provider had completed necessary pre-employment checks to make sure so they only offered roles to

fit and proper applicants.

Learning lessons when things go wrong

- There were systems in place for responding to and learning from incident and accidents.
- Staff used a digital recording system to log incidents, actions they took, what went well and what improvement actions might be required. The registered manager monitored these records to also identify remedial actions and learning to reduce the risks of incidents re-occurring.
- At the time of our inspection the provider was investigating a safety concern. This included reviewing care records and speaking to staff to develop a report that would be shared with the local commissioning authority and the CQC.
- The provider reviewed incidents records at a strategic level so as to any identify trends in incidents for further improvement action. The provider used periodic quality briefings to share the learning from this amongst its services.

Requires Improvement

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management systems did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
At our last inspection we found the provider's audit systems for monitoring the quality and safety of the service were not operated effectively to demonstrate people's safety was being effectively managed. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found some improvements had been made but the provider was still in breach of Regulation 17.

- The provider carried out a range of checks and audits to monitor safety and quality and make improvements when needed. However, this system of checks had not been consistently effective as it had not identified the issues we found during the inspection.
- The provider's quality assurance systems had not identified and addressed that staff were not always provided with sufficient information or assessments of their competency to safely support people with their prescribed medicines.

We found no evidence that people had been harmed however, these issues indicated systems were not consistently robust enough to demonstrate safety and quality was effectively managed. This placed people at risk of harm. This demonstrated a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager completed weekly and monthly quality checks of the service. These included checking medicines support, shift handover records and care records. The area manager audited the service on a quarterly basis. We saw action was taken in response to the findings of these checks, such as installing a medicines fridge and reporting maintenance issues to the home's landlord.
- The registered manager kept up to date with changes in adult social care guidance and legislation. For example, they were aware of new national guidance on safeguarding adults in care homes. This included attending online meetings organised by the local commissioning authority during the pandemic. The registered manager said the provider supported them to attend training and events for their continued professional development.
- The provider informed the CQC of important events or incidents as required. The provider displayed the previous inspection ratings at the home and on their website, as required by regulations. This helped people

to find out about the quality of the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

● Relatives, staff and adult social care professionals spoke positively about the service and the managers. Relatives reported the staff achieved good outcomes for the people who used the service. One relative stated, "The staff have been very good." Another commented, "[Their family member] can't have been looked after any better than [they have] been here." An adult social care professional told us, "I got the impression it was almost a family."

● The registered manager and staff spoke with pride about the service, supporting people to be safe and helping them to access the community. An adult social care professional remarked, "[The registered manager] is definitely an asset" and "clearly meticulous and passionate" about providing a good service.

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; Continuous learning and improving care

● There were processes in place to respond to concerns about people's care when things may have gone wrong. A relative commented, "I have no complaints and if I did I know I would be listened to." Relatives and staff said they were listened to if they did raise an issue. One staff member said, "I am sure [the registered manager] will react to my concern."

● Staff felt supported to learn and improve. A member of staff said the registered manager helped them to learn and develop their skills and added, "[The managers] really teach us a lot of things." The provider supported the registered manager and staff to continue to improve. For example, the provider's 'Quality Team' and 'Coronavirus Task Force' provided regular updates on new guidance and required improvements.

● The registered manager explained how they worked in a transparent manner with other agencies when incidents took place to identify what happened and actions for improvement. Adult social care professionals confirmed this to us.

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

● People, relatives and staff had opportunities to be involved in and influence the running of the service.

● The registered manager held regular team meetings to discuss the well-being of people and the service. Staff told us they valued these meetings as they felt listened to and involved in the service. One member of staff told us, "We make decisions as team on topics and the best actions to take."

● Staff kept people's relatives informed about people's well-being. Relatives also told us they felt involved in the service and in their family member's care, including being included in reviews of a person's care arrangements. A relative said, "It doesn't matter what time I ring, who I ring, they will always be able to speak about [their family member] as they know and care for them." Another relative told us they appreciated the registered manager had made it very easy to contact the manager whenever they needed to.

● An adult social care professional told us of how staff had involved people who used the service in a training session, which promoted the service working in an inclusive way.

Working in partnership with others

● The service worked in partnership with other agencies, such as GPs, therapists and community and district nurses to help to provide people with joined-up care. For example, the registered manager had worked with local partners to use the 'Coordinate My Care' urgent care system so people's person-centred care information could be shared appropriately with healthcare professionals when required.

● Adult social care professionals said staff and managers always supported their involvement and shared

information effectively. They variously told us that the registered manager maintained good communications with them, made sure a member of the management team was available to facilitate their appointments, and worked in a "an accommodating and transparent" manner.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person did not ensure care and treatment was provided in a safe way for service users because they did not always ensure the safe and proper management of medicines Regulation 12(1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person was not always operating effective systems and processes to: - assess, monitor and improve the quality and safety of the services provided in carrying on the regulated activity; - assess, monitor and mitigate the risks relating to the health safety and welfare of service users Regulation 17(1)