Support for Living Limited

Support for Living Limited - 79 Harrow View

Inspection report

79 Harrow View
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Ratings

Overall rating for this service	Good
Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 13th November 2014 and was unannounced.

During our last inspection on 31 October 2013 we found no breaches of the regulations assessed.

79 Harrow View is a home located in Harrow, North-West London and is registered to provide accommodation and personal care to nine adults who have mental health needs. During our inspection on 13th November 2014 there were two vacancies at 79 Harrow View. The home has 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.

Summary of findings

Staff working at 79 Harrow View understood the needs of the people who used the service and we saw that care was provided with respect and compassion. People who used the service told us they were happy with their care. People had good access to health care professionals, which ensured their mental and physical health was regularly monitored and assessed.

People were protected from the risk of abuse. The provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. Staff knew how to safeguard the people they supported.

Risks to people's safety were identified and managed effectively and there were enough staff on each shift to make sure that people were protected from the risk of harm.

Robust recruitment procedures were followed to make sure that only suitable staff were employed to work with people in the home.

Although people who used the service told us that they were administered medicines safely we saw that the recording of medicines was not safe. We saw that care staff did not always sign when medicines were administered and showed a lack of understanding of common side effects of medicines taken by people who used the service. This meant people did not receive medicines safely, and appropriate systems and storage arrangements did not ensure the safe administration and storage of medicines. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

Staff were appropriately trained and skilled and provided care in a safe environment. They all received a thorough induction when they started work and fully understood their roles and responsibilities, as well as the values and philosophy of the home.

The staff had also completed extensive training to ensure that the care provided to people was safe and effective to meet their needs.

Throughout our inspection we saw examples of good care that helped make 79 Harrow View a place where people felt included and consulted. People were involved in the planning of their care and were treated with dignity, privacy and respect.

The registered manager assessed and monitored the quality of care consistently. The provider encouraged feedback from people who used the service, care staff, relatives and outside professionals, which they used to make improvements to the service.

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. Staff did not manage people's medicines safely.

Staff we spoke with knew how to keep people safe. They could identify the signs of abuse and knew the correct procedures to follow if they thought someone was at risk of being abused.

The provider had effective systems to manage risks to people who used the service without restricting their activities or liberty.

Staff encouraged people who used the service to be independent with their care when this was possible and safe.

Is the service effective?

Good

The service was effective. Staff were given the training, supervision and support they needed to make sure they had the knowledge and understanding to provide effective care and support.

The service obtained people's consent to the care and support they provided. The registered manager had understanding of Mental Capacity Act (MCA) 2005 Code of practice and the Deprivation of Liberty Safeguards (DoLS) if this was required.

People's health and personal care needs were supported effectively. Their nutritional needs were assessed and professional advice and support was obtained for people when needed.

Is the service caring?

Good

The service was caring. During our visit staff was kind and compassionate and treated people who used the service with dignity and respect. When people required staff support this was responded to swiftly.

There were private spaces in the home for people to go if they wanted to be away from other people.

Is the service responsive?

Good

The service was responsive. People's individual assessments and care plans were kept under review and updated as their needs changed to make sure they continued to receive the care and support they needed.

People were encouraged to express their views and these were taken into account in planning the service. There was a complaints procedure and people knew who to talk to if they had any concerns.

Summary of findings

Is the service well-led?

Good

The service was well-led. Staff said they felt well supported and were aware of their rights and their responsibility to share any concerns about the care provided at the home.

The provider monitored incidents and risks to make sure the care provided was safe and effective.

The registered manager used systems to make sure that there was enough staff to care for people safely. The provider had employed staff with the right qualifications and skills to work at the home.

Support for Living Limited - 79 Harrow View

Detailed findings

Background to this inspection

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

This inspection took place on 13th November 2014 and was unannounced.

The inspection was carried out by one inspector, an Expert by Experience and a professional advisor who had experience and current knowledge of care provided to people with mental illnesses. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This 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 reviewed our records about the service, including previous inspection reports and statutory notifications.

We used a number of different methods to help us understand the experiences of people who lived in the home. We spoke with six people who used the service, two senior care workers, two care workers, the registered manager and the area manager. We looked at four care plans and care records, medicines administration records and other records and documents relevant for the running of the service. These included complaints records, training records, staffing records, accident and incident records, staff rotas, menus and quality assurance records.

Requires Improvement

Is the service safe?

Our findings

We found some concerns with medicines. We looked at medicines administration records (MAR) for six people who used the service. We found that on 14 occasions, from the 5 November 2014 to 11 November 2014 medicines had been administered to people but the MAR sheets had not been signed. This does not adhere to the most recent guidance by the National Institute for Health and Care Excellence (NICE) 2014, which states that 'paper-based or electronic medicines administration records should be signed by care staff'. We viewed handover records for the 5 November 2014 to 11 November 2014; the records showed that staff checked the medication and found no issues with MAR charts This demonstrated that staff handover procedures were not effective in picking up gaps in MAR charts.

We found in one MAR that on 12 November 2014, three anti-psychotic medicines to be administered at 18:00 for one person who used the service had been signed as given, but the tablets were still in the blister pack. This meant that the person did not receive their medication.

We also saw that one person who had been risk assessed as being able to self-administer medicines was given the weekly supply of medicines for two weeks in September 2014, but the record had not been signed by care workers as per the providers policy on people self-administering medicines.

Medicines were stored securely in locked and designated medicines cabinets and fridge, all of which were found to be locked. Staff we spoke with had undertaken training about the safe administration of medicines. Training records we viewed during our inspection confirmed this. People who used the service told us, "This home helps me with my medication." We discussed with one care worker who had been in the service for a number of years about the most common side effects of some of the regular medicines people being administered, however the care worker was not able to tell us about the side effects. This meant that people who used the service were not protected appropriately and there was a risk of people being administered medicines which could be harmful to their health.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We discussed our findings and concerns with the registered manager and area manager, who were concerned about our findings and assured us that they will take the appropriate actions to address the breach without delay.

People told us they felt safe at the service. One person said, "It is safe." Another person told us "The staff is very nice they make sure that I am ok."

There were safeguarding adults and whistleblowing procedures. Staff were provided with their own copies of these procedures included in the staff handbook. Staff were aware of relevant procedures and was able to describe their responsibility for reporting any allegations of abuse. Staff told us they had received training about safeguarding adults. Training records we looked at confirmed this. This meant that all staff was provided with information about what to do if they witnessed abuse taking place.

Before our inspection we reviewed the notifications sent to the Care Quality Commission (CQC) and found they had notified us as required about safeguarding allegations. During the inspection we checked and found that appropriate referrals had been made to the relevant local authority adult's safeguarding team. This was in line with the service's safeguarding adult's procedure.

Risk assessments were in place for people. These identified individual risks people faced and included information about how to manage and reduce the risk. Risk assessments covered areas such as malnutrition, challenging behaviour and community access. Although the registered manager and staff told us they did not use physical restraint on people they said that they would meet with the psychiatrist if people's behaviours became difficult to manage.

Staff had a good understanding of how to support people who exhibited behaviours that challenged the service. They described the techniques they employed to divert people who were exhibiting signs of agitation or anxiety, such as taking them for a walk in the garden, offering them a cup of tea and giving them time and space to become calm. We observed staff supporting people in this manner and saw evidence of this in people's care plans. For example, we saw one person becoming agitated during lunch time and

Requires Improvement

Is the service safe?

staff spoke to this person calmly asking the person to tell them why the person was unhappy and offered food alternatives. This helped to resolve the situation and the person soon appeared calm and settled.

People told us there were enough staff to meet their needs. One person told us, "Staff is very quick to go to help, they are always available." Most staff said there were enough staff and they had enough time to carry out all their duties. One care worker said, "Staffing is fine, it is busy sometimes but it is manageable."

The registered manager told us that staffing levels had increased since the previous inspection. They said there was now an additional member of staff on duty during the day. This has helped to support people who required additional help or wanted staff to accompany them for community based activities.

Staff told us that the service always operated at its staffing levels to ensure that people's needs were met. They said if staff were absent cover was always provided. We checked the staff rota for the month leading up to the date of our visit. This showed that the home operated with its agreed staffing levels. We observed staff were able to support people in a prompt and timely manner. When people needed support staff were able to help them without undue delay. This meant there were enough staff to meet people's needs.

Good

Is the service effective?

Our findings

People told us they were happy with the support from staff. One person told us, "The staff are very good." A relative said, "All the staff I know are good and they are very friendly."

Staff told us they had an induction which included shadowing experienced staff. This involved working alongside experienced staff to observe and learn elements of the job. Records showed staff also had to complete an induction checklist to demonstrate competence in various areas which was checked by senior staff. Staff told us they had access to regular training including training about moving and handling, mental health awareness, food hygiene and care planning. Records showed that most staff member's training was up to date. Where there were gaps in training we saw that appropriate training courses had been booked for staff to attend in the near future.

Staff told us and records confirmed they had one to one supervision meetings with senior staff. Staff said they found these meetings to be helpful and they gave them the opportunity to discuss issues of importance to them such as issues relating to people who used the service and their own performance. We found that staff received regular annual appraisals and the provider recently implemented 360 degree feedback as part of the performance review process. 360 Degree Feedback is a system or process in which employees receive confidential, anonymous feedback from the people who work around them. This typically includes the employee's manager, peers, and direct reports. Staff spoke with told us the appraisals were helpful and helped their development.

The registered manager told us that none of the people had a Deprivation of Liberty (DoLS) authorisation in place. People at the home were seen to be able to come and go as they wished and were able to make independent decisions about their lives.

The registered manager told us that staff had not undertaken training about DoLS and the Mental Capacity Act (MCA) 2005. In the Provider Information Return submitted to us before the inspection, the service identified a lack of DoLS and MCA 2005 training and staff will be attending training in November 2014 and January 2015. Although this was a shortfall it was positively noted that the service had recognised this and was taking steps to address the issue. The manager demonstrated good understanding of DoLS and MCA 2005 and was also the designated trainer for the organisation for safeguarding adults.

Care plans included information about how to support people to make decisions and we observed staff following the guidance in one care plan. We saw staff offer the person different choices during lunchtime and the person was able to tell staff what they wanted. We saw other examples during the day of staff supporting people to make choices, for example about their involvement in activities and meals. This showed people were supported to make choices and give consent to their care.

The registered manager and care staff told us of the importance of involving people in their care and that they were careful to obtain permission prior to providing care. They told us staff used verbal and non-verbal cues to check people were happy. We spoke with four members of staff about how they obtained verbal consent prior to providing care. They all understood the importance of checking people were happy to receive care. Staff told us they got to know people well so that they could pick up on their non-verbal cues.

If people refused the offer of care, staff respected their wishes. They returned at a later time to offer the care again, or asked another care worker to offer care to see if this was more acceptable. If the care detailed in the care plan was refused, and not provided during the day, they reported this to the senior care worker during handover. We saw records were kept in the handover form if they had refused care.

People told us they liked the food and they were able to make choices about what they ate and drank. Comments included, "The food is great and there is enough to eat." And "If I am hungry I eat something, there is always food here."

We saw that the menu reflected the cultural backgrounds of people who used the service. Records showed people were given choices about food and staff said people were able to request food that was not on the menu. The menu showed that care staff cooked the meals four times a week, two times a week people cooked independently with staff support and one day per week they had a take-away of their choice. We observed one person telling staff they

Good

Is the service effective?

wanted more bacon and we saw staff offering the person more bacon. Food was appetizing and nutritious, with meals including protein, carbohydrates and fresh vegetables.

Records showed that people were referred to health professionals if they were at risk of malnutrition and dehydration.

Records showed people had regular access to health care professionals including GP's, opticians, and psychiatrist and district nurses. There was evidence the service arranged appointments for people when they identified a need, for example a change in someone's physical condition. There was evidence that the advice received from health care professionals was put into practice and led to changes in the care plans. For example, we saw one case where a person missed an appointment for a routine check-up at the hospital and we saw that the home had arranged another appointment for the person.

Good

Is the service caring?

Our findings

People told us staff were caring and they were treated with dignity and respect. One person told us, "Respect marks out of ten, ten." And “They really care for me.” Another comment made when we asked if the person could make their own decisions, “Yes, I can make my own decisions about my care.”

Care plans included information about people’s likes and dislikes, such as their preferred daily routines and what they liked to eat. The registered manager told us that staff were supported to develop caring and positive relations with people. Staff were aware of people’s life history and told us they were encouraged to talk to relatives to gain a better understanding of individuals. Staff demonstrated an awareness of people’s individual needs, such as their personal care preferences.

Staff told us how they promoted people’s dignity, choice, privacy and independence. For example, they said they always ensured that doors and curtains were closed when providing personal care to people. One member of staff told us they talked to people as they gave care, asking them what they wanted help with. They said they tried to build up good relations with people by getting to know them and treating people respectfully. Another staff member told us how they enabled people to make choices. For example, if a person was still sleeping when they went to get them up in the morning if they left them and came back later. Staff told us that where people lacked some ability to verbally communicate choices they would talk slower or used objects of reference to help them to make a choice, for example showing them two sets of clothes so they could pick the one they wanted. They told us they promoted people’s independence by encouraging them to manage as much of their own care as possible, for example allowing people to independently wash or do their own cooking. The service promoted people’s needs relating to equality and diversity. For example, food reflected people’s ethnic heritage and activities offered reflected people’s ages.

We observed staff acting in a kind and caring manner towards people. For example, we saw that staff took their time when offering a person lunch and spoke to the person calmly giving the person a number of healthy options to choose from.

We observed staff supported people to make choices and promoted their privacy. For example, staff offered a person a glass of water to take with their medication. The person said they wanted orange juice instead of water and the staff got that for them. Staff were seen to knock and wait before entering people’s bedrooms and people told us that all people had keys to their rooms and the front door.

Good

Is the service responsive?

Our findings

People told us the service met their needs. One person said, “The care is centred around me it is what I want.” Another person told us “I like it here the staff is very nice and talk to me about what I want.”

The registered manager explained the care planning and assessment process to us. They told us either the registered manager or deputy manager of the service met with the person and their family where appropriate to carry out an assessment of their needs. This enabled the service to determine if it was a suitable placement and if the service was able to meet the person’s needs. People and their relatives were invited to visit the service and have a meal to see if they liked it before making a decision about moving in. This helped people to make informed choices about their care.

The registered manager told us that care plans were based upon the initial assessment carried out by the service, information provided by the relevant local authority where available and on-going observation of the person over their first few days at the service. They told us that care plans were then reviewed on a monthly basis and records confirmed this.

During the inspection we examined four sets of care records relating to people that used the service. We found care records included pre-admission assessments and risk assessments about how to support people in a safe manner. Care plans included information about how to meet people’s needs in relation to communication, mental health, mobility, continence and personal hygiene. The home used ‘The Mental Health Recovery Star’ programme and regular monthly reviews to ensure progress was documented and new goals were discussed. The Mental Health Recovery Star makes it possible to capture evidence from people while enabling users and workers to discuss the important issues and to assess where they are now and where they are going.

Care plans were sufficiently detailed and personalised to provide guidance to staff about how to meet people’s assessed needs. For example, one person’s care plan identified the person could become verbally aggressive and provided information about how to respond to the person consistently when demonstrating this behaviour. We found that not all care plans had been signed by people who used the service and told the registered manager, that this would be good practice and part of the personalisation agenda.

The service had an activities program which was led by a designated activities worker, called ‘My Choice worker’ who was on site every Friday and Sunday. The activities program included baking, egg painting, shopping, cooking, reading and watching television. We observed on the day of our inspection that people were supported to go shopping and one person was helped to cook. People who used the service told us that they enjoyed the activities offered. One person told us “I like cooking and share the food with my friends.”

People told us they knew how to make a complaint. They told us they would talk to a senior member of staff. One person told us, "If I had a complaint then I would go to the manager.” The service had a complaints procedure and an abbreviated version of this was given to all people and their relatives. These contained details of who people could complain to if they were not satisfied with the response from the service and timescales for complaints to be dealt with.

We examined the records of complaints received and found these had been investigated and where possible resolved to the satisfaction of the complainant. The registered manager told us improvements had been made in the service in response to complaints.

Good

Is the service well-led?

Our findings

Staff told us they thought the service had an open and inclusive atmosphere and they found the manager to be approachable and supportive. One member of staff said, "[The registered manager] is fantastic. I don't have a problem with going to him about anything. He is very supportive." Another member of staff told us, "When I came here the manager explained everything and said to go to him if any problems" and "The staff are very helpful, we work well as a team."

The service had a registered manager in place and a clear management structure. This included a deputy manager, senior care workers, residential support workers and domestic workers. For example, domestic staff included cleaning and laundry staff, and senior carers and support workers in charge of the day to day care and support provided. Staff we spoke with were clear about their lines of accountability and who they should report to in the first instance.

Staff said they felt listened to by senior staff and senior staff acted upon their concerns. One staff member told us they had difficulties getting in on time for the early shift so the registered manager agreed they could start and finish their shifts a bit later to accommodate them. This demonstrated that staff views were welcomed and acted upon if appropriate.

Staff told us that the service had regular staff meetings where staff were able to raise issues of importance to them. Staff also told us that the registered manager initiated discussions during staff meetings about important subjects, including cleanliness in the service and safeguarding adults. We saw minutes of a staff meeting from October 2014 where care staff were consulted in responding to the CQC's PIR request.

The service had various quality assurance and monitoring systems in place. The registered manager told us an annual survey was carried out to gain the views of people that used the service and their relatives. The last survey was completed in October 2014. The feedback received was mostly positive. The registered manager told us that he planned to discuss the suggestions made by people during the next monthly residents meeting. The issues raised in the survey were in regards to cultural issues and the complaints procedure.

The registered manager told us the service had various mechanisms for gaining the views of staff. These included one to one meetings with staff, staff meetings and a staff survey. The registered manager gave an example of how feedback from staff had led to improvements. They told us that staff discussed the need for guidance on the use of visual display units (VDU) in August 2013; We saw in the minutes of the staff meeting for May 2014 that a new guidance had been put into place. We also saw that staff were involved and consulted in the running of the service. For example during a staff meeting in September 2014, staff suggested to introduce an extra shift during the day. We saw in the minutes for October 2014 and comments made by staff, that this had been implemented.

The service carried out various audits to check records were completed appropriately. We saw evidence of audits of care plans, medicines and daily records. Regular monthly audits by the service manager were carried out and actions taken to improve the service. For example during the service managers audit in May 2014 the service manager requested to undertake a risk assessment for the use of blow heaters, which had been completed two days following this audit. We also saw that monthly health and safety audits were carried out and actions had been taken by the home to respond to shortfalls.

The service had identified areas and priorities for improvements over the next 12 months in the PIR submitted prior to our inspection. These included continuing with safeguarding training, invite family members to events run by the home, all staff to attend MCA 2005 training by January 2015, involve a person centred specialist to ensure care plan review meetings were users led and employ an acting team leader to provide maternity cover for the deputy manager. This showed the service was able to identify shortfalls and work to make improvements.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines The registered person did not protect service users against the risks associated with the unsafe use and management of medicines, by means of the making of appropriate arrangements for the recording, and using, of medicines used for the purposes of the regulated activity. Regulation 13.