Support for Living Limited

Support for Living Limited - 246 Haymill Close

Inspection report

246 Haymill close
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Date of inspection visit:
14 June 2022

Date of publication:
01 July 2022

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service
Support for Living Limited - 246 Haymill Close is a care home for up to eight people with learning disabilities and/or autism. At the time of our inspection, seven people were living at the service.

People's experience of using this service and what we found
Right Support: The service gave people care and support in a safe, clean, well equipped, well-furnished and well-maintained environment that met their sensory and physical needs. People had a choice about their living environment and were able to personalise their rooms. Staff did everything they could to avoid restraining people. The service supported people to have the maximum possible choice, control and independence. People had control over their own lives.

Right Care: Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. The service had enough appropriately skilled staff to meet people's needs and keep them safe. People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. Staff and people cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks

Right culture: Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity. Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate. People received good quality care, support and treatment because trained staff and specialists could meet their needs and wishes.

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 rating at the last inspection was requires improvement (published 2 November 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 we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected
We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Support for Living Limited - 246 Haymill Close on our website at www.cqc.org.uk.

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 also undertook this inspection to assess that the service is applying the principles of Right support right care right culture within the areas we inspected.

Follow up
We will continue to monitor information we receive about the service until we 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?

Good

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Support for Living Limited - 246 Haymill Close

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 Health and Social Care Act 2008.

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 - 246 Haymill Close is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. Support for Living Limited - 246 Haymill Close is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post. The provider had employed an acting manager and was recruiting to the permanent post at the time of our inspection.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We looked at all the other information we held about the provider and used this to help plan our inspection.

During the inspection
We met people using the service and the staff on duty. We looked at records the provider used for monitoring the quality of the service and caring for people. We looked at how medicines were managed and safety practices within the environment. We spoke with two external professionals to ask about their experiences of the service.

Good

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management
At our last inspection, we found that risks had not always been assessed and mitigated. This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvement had been made and the provider was no longer breaching Regulation 12.

- Risks to people's wellbeing had been assessed and planned for. Staff consulted with other professionals to develop personalised assessments which helped make sure people were safe and received appropriate care. Assessments were regularly reviewed and updated.
- The risks within the environment were monitored and safety measures were put in place. Equipment people used was regularly checked and serviced. People were not restricted within the environment because the staff were aware of their needs and ways they might be at risk. The staff response was proactive, allowing people freedom to make choices, and checking on their wellbeing rather than restricting them.
- The provider had made sure there were suitable fire safety procedures and that all staff knew how to support people in the event of an emergency.
- The staff worked closely with other professionals to develop ways of supporting people who became distressed and hurt themselves. They monitored this and plans outlined how to proactively support people with personalised activities and opportunities for them to alleviate their anxieties through the leisure activities they enjoyed.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Systems and processes to safeguard people from the risk of abuse

● People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.

● Staff had training on how to recognise and report abuse and they knew how to apply it.

● The management team had worked with other agencies to investigate and learn from safeguarding concerns.

Staffing and recruitment

● The service had enough staff, including for one-to-one support, for people to take part in activities and for their needs to be met.

● The provider had systems for recruiting, inducting and training staff to help make sure they provided good care and knew people's needs and wishes well. There were suitable checks on staff, including assessments of their competencies, knowledge and skills.

Using medicines safely

● People received their medicines in a safe way and as prescribed. Staff understood about how to administer medicines safely and to provide positive, caring and appropriate support for individual people. The manager was providing additional training and support for staff to understand the principles of personalised support with medicines.

● The manager had liaised with the GP and pharmacy teams to make sure everyone's medicines were reviewed and that these were appropriate and suitable for them. They ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.

● Medicines were safely stored, administered and recorded. There were regular audits and checks to help make sure systems were followed and people received their medicines safely.

Preventing and controlling infection

● The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. The service had good arrangements for keep premises clean and hygienic.

● Staff received training and information about infection prevention and control, as well as COVID-19.

Learning lessons when things go wrong

● Staff were involved in reviewing incidents, accidents and adverse events so they could learn from these and improve their practice. The manager and staff discussed these events. They had systems for monitoring and recording incidents, so that they could identify any trends or positive ways of working.

● The staff shared their learning with other professionals and sought their advice about how best to support people in the least restrictive way.

Good

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a positive culture. Staff knew people well, communicated with them in a personalised way and understood their needs. One professional told us, ''The staff are very personable, and I can tell they know each person well. They approach them like a family member, they are familiar with their needs and interactions. I have seen them shift communication from one style to another depending on who they are talking with.'' They went on to tell us staff were patient, took their time and considered what each person wanted to communicate.
- Management were visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say. The manager worked alongside staff supporting people and leading by example.
- The manager and deputy manager spoke about examples of positive work the staff had undertaken. In one example, they spoke about a person-centred approach had helped one person overcome their anxieties about leaving the home. The staff took a pride in people's successes and when they developed new skills or overcame fears.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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

- The registered manager left the service a short time before the inspection. The provider had recruited an acting manager. They were recruiting to the permanent post at the time of our inspection. The acting manager was experienced, familiar with the service and working towards a management in care qualification.
- The provider had a range of policies, procedures and information about good practice available for staff. These were regularly updated and included reference to legalisation and best practice. The staff had opportunities to learn about and discuss these.
- The provider understood their responsibilities under the duty of candour.

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

- People using the service were asked about their views and care was provided to reflect these. They were able to make choices about their daily lives. Their diverse needs, including ethnicity, were known and staff helped them to meet these needs. For example, making culturally appropriate food and taking people to

places of worship. The staff valued people's differences and had plans to celebrate diversity by celebrating different festivals.

● The provider had systems for engaging with people using the service and seeking their views in order to develop the organisation's values and make improvements. These included forums and surveys for people, their families and staff. Policies, procedures and changes to the service were made in consultation with stakeholders, using their feedback and input.

Continuous learning and improving care

● There were systems for monitoring and improving the quality of the service. These included regular checks and audits by staff, managers and representatives of the organisation.

● Where concerns were identified, the provider had plans to make improvements. For example, they had identified staff needed further training and support to understand good practice when administering medicines and the manager had developed a bespoke training package for the staff at the service.

● The manager was aware of best practice guidance for supporting people with learning disabilities. They were starting to develop more personalised and individual activity plans to help people develop their skills and pursue their interests. They had liaised with others to help reduce restrictive practices and review the medicine people were prescribed.

Working in partnership with others

● The staff worked in partnership with others to help provide personalised care. The professionals we spoke with told us the staff communicated well with them. There were examples of positive pieces of work where people had been able to access medical care through good joined up working. For example, one person had been resistant to some necessarily medical interventions. There had been good partnership working with the staff and others with the result of the person receiving the interventions, being willing and feeling safe to do so, and their health improving as a result of this.

● The manager worked closely with others within the organisation to develop their knowledge and skills.

● The manager told us they were seeking support from an advocacy service for one person to help in making decisions in their best interests.