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	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 14 and 15 February 2017 and was unannounced. At the last inspection on 4 and 5 November 2014 we found the service was meeting all the required Regulations we looked at and the service was rated Good. At this inspection, we found the service remained rated Good overall.

26 Stockdove Way is a care home that provides accommodation and care for up to eight adults with a learning disability and/or a physical disability. At the time of our visit there were eight people using the service. The accommodation was laid out over two floors. Each person had their own bedroom and could access the communal facilities such as a lounge, dining room, kitchen and garden. The first floor could be accessed by a lift.

The service had a registered manager who had been in post since November 2016. 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. The registered manager had a good understanding of how to manage the service and kept up to date with current good practice and required regulations.

As we found at the last inspection, the service protected people from harm, neglect and abuse.

The service regularly assessed and reviewed risks to people's health, wellbeing and welfare and had procedures in place to identify and manage these risks.

The service had recruitment procedures which they followed to ensure only suitable staff were appointed to work with people who used the service.

Staffing levels at the service were sufficient to meet people's needs.

People received their medicines safely and staff were sufficiently trained to administer medicines safely.

Staff had the knowledge and skills they needed to carry out their roles and responsibilities. They received regular training and support to help them carry out their roles effectively.

The service was working within the principles of the MCA, and conditions on authorisations to deprive a person of their liberty were being met. Staff supported people to maintain a balanced diet that reflected their nutrition needs as well as cultural and religious preferences.

The service worked closely with the healthcare professionals involved with each person's treatment and care to ensure their needs were being met.

People received care that was compassionate and caring and reflected their care needs and preferences. People's needs were assessed and the information was used to formulate individual care plans.

The service recognised the importance of family participation in the lives of people using the service. Relatives were welcome to join people at daily activities and, where appropriate, they took an active part in reviewing and planning of care for their relatives.

The service supported people in a dignified and respectful way. Staff provided personal care in a way that respected peoples' privacy as well as their gender and cultural needs.

The provider had a complaints procedure in place. It was available in a pictorial format to make it more accessible to people using the service.

The service had systems in place for handing over information between the staff to ensure they were familiar with any changes at the service.

Staff told us they felt comfortable working at the service and felt supported by the management team.

As with the previous inspection, there were systems in place to assess and monitor the quality of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff knew how to recognise and report any concerns they had, to protect people from the risk of abuse or harm.

There were appropriate staffing levels to meet the needs of people who used the service.

The service regularly assessed and reviewed risks to people's health, wellbeing and welfare and had procedures in place to identify and manage these risks.

The service had recruitment procedures which they followed to ensure only suitable staff were appointed to work with people who used the service.

People were supported with their medicines in a safe way by staff who had been appropriately trained.

Is the service effective?

Good

The service was effective.

Staff received regular training, supervision and yearly appraisals of their work to help them carry out their roles effectively.

The service was meeting the requirements around DoLS and MCA.

The service supported people to eat well and ensured their individual nutrition needs and preferences were being met.

Staff supported people to maintain good health and have access to healthcare services.

Is the service caring?

Good

The service was caring.

People received care that was compassionate and caring and family members said they were happy with the care offered to their relatives.

Staff knew how to communicate effectively with people and understood their needs and preferences.

Staff promoted people's independence and encouraged people to express their individuality.

Staff respected people's dignity and right to privacy.

Relatives were encouraged to take an active part in their family member's life.

Is the service responsive?

Good

The service was responsive.

The service assessed people's care needs and care plans reflected their personal likes and dislikes as well as their cultural and religious preferences.

People were supported to undertake activities that they enjoyed.

The provider had a complaints procedure that was available in pictorial form to make it more accessible to people using the service.

Is the service well-led?

Good

The service was well led.

The registered manager understood how to manage the service and they received positive feedback from family members and the staff team.

Staff used a variety of systems to handover information about any changes and important events at the service.

The service had systems in place to assess and monitor the quality of the service.

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Detailed findings

Background to this inspection

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

This inspection took place on 14 and 15 February 2017 and was unannounced. The inspection team consisted of one inspector.

Before the inspection we asked the provider to complete 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 looked at all the notifications we had received about the service since we last inspected on 4 and 5 November 2014. Notifications are for certain changes, events and incidents affecting their service or the people who use it that providers are required to notify us about.

During our inspection we met with all the people using the service. We could not speak with the majority of people because they were unable to share their experiences of using the service with us verbally.

We spent some time observing care and support being delivered in the lounge and dining room. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us.

We also looked at records, including three people's care records, four staff records and records relating to the management of the service.

During the inspection we spoke with the registered manager, the deputy manager, three members of staff

and a chef. We also spoke with two family members of people who used the service.

Good

Is the service safe?

Our findings

As we found at our last inspection, the service took appropriate steps to protect people from harm, neglect and abuse. People using the service were not able to tell us about whether they felt safe, however, they appeared relaxed and seemed comfortable in staff's presence. A relative we spoke with told us, "Yes, the place is safe."

Records showed that staff received safeguarding training. Staff we spoke with were able to tell us about different types of abuse and they were aware of the provider's safeguarding policies and procedures. One staff member told us, "I would speak to my manager or use a whistleblowing process to report outside the organisation." Documents showed that the service investigated and reviewed all safeguarding matters to avoid similar situations happening in the future.

As we found at our last inspection, the service regularly assessed and reviewed risks to people's health, wellbeing and welfare and had procedures in place to identify and manage these risks. People's care files consisted of detailed risk assessments and risk management plans. The plans contained information about the level of support that was required, details about any health needs and the best outcomes or goals for the person. One person was diagnosed with epilepsy and was identified as being at risk of seizures. An epilepsy risk assessment had been completed and a risk management plan had been formulated to guide staff on what action they should take in case the person had an epileptic seizure. Documents showed that all identified risks were reviewed regularly and were up to date.

The service had various systems in place to ensure people lived in a safe environment. We saw evidence that daily, weekly, monthly and yearly health and safety checks took place. Amongst them were daily fridge temperature logs, weekly fire call points tests and first aid kit checks, periodic fire safety and monthly premises service health and safety checks.

The service had managed accidents and incidents appropriately and in line with the provider's policies and procedures. The registered manager showed us the accidents and incidents register that they used to analyse all incidents and accidents and to formulate actions that needed to be taken to avoid these situations happening in the future.

The service had recruitment procedures to ensure only suitable staff were appointed to work with people who used the service. The provider managed the process centrally. New staff members we spoke with confirmed they went through a robust interviewing process in which they had been interviewed by the service managers as well as family members of people using the service.

We found that staffing levels at the service were sufficient to meet people's needs. The service had the capacity to support eight people. At the time of our inspection there were five staff members in the morning, four in the afternoon and one staff member during a waking night shift. A family member told us, "There is normally plenty of staff to support my relative." The service had five full time vacancies for care staff and they were in the process of recruiting suitable applicants for the service. Where shifts could not be covered

by permanent staff the service used agency staff or bank staff. The deputy manager explained where possible they employed the same agency workers to ensure consistency in the support provided for people using the service.

We found that the service had not held information about background checks and training for agency workers they employed. We spoke about this with the registered manager who assured us this information would be updated immediately. Following our inspection the registered manager provided us with evidence that all agency staff profiles were in place.

As we found at our last inspection, the service had a variety of systems in place to make sure people received their medicines safely. Clear information about medicines and what they were prescribed for, was available for staff to read. Records showed that staff had training in medicines administration.

Good

Is the service effective?

Our findings

As we found at our last inspection, new staff received an induction to the service that the provider considered mandatory. This included training in a range of subjects and shadowing of more experienced colleagues. The registered manager discussed new staff's learning and development in probation review meetings. New staff confirmed receiving the induction and we saw records of probation review meetings.

Staff undertook regular refresher training as well as specialist training to be able to understand and respond to the complex needs of people using the service. Subjects included safeguarding, medicines administration, moving and handling and epilepsy awareness. Staff confirmed that they received regular training. We saw a central training tracker that specified which staff had completed trainings and whose training was due to be refreshed, so training updates were being monitored.

Staff we spoke with were positive about the support they received. One staff member said, "I have regular supervision meetings and if I have any concerns I can always ask for additional one to one support." Records showed that staff received regular supervision and yearly appraisals of their work.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager had sent applications to the relevant local authority responsible for authorising a deprivation of a person's liberty in order to keep them safe. The service was awaiting the DoLS authorisation.

As we found at our last inspection, where possible, people were asked for their consent and were involved in decisions about their care. We saw information in care plans about people's capacity to consent and make decisions about their care. The majority of people using the service did not have the capacity to consent to some aspects of their care and the staff team worked closely with the family and other healthcare professionals to ensure that a decision was made in the best interest of the person and in line with the MCA. We observed the registered manager discussing a decision chart for a person with their relative.

Staff received training on DoLS and MCA and were confident that they all provided choices to people who used the service. One staff member said, "I am helping people to make decisions to live life that is their own."

As we found at our last inspection, staff supported people to maintain a balanced diet that reflected their nutritional needs as well as cultural and religious preferences. Family members told us they were happy with how the service supported their relatives to eat and drink well. One relative said, "They have a very good diet and food, my relative eats everything and they never refuse." People's care plans consisted of information on their food and drink needs and preferences as well as any special equipment people might need to use to eat independently. People's nutritional needs and risks related to their food and drink intake were displayed in the kitchen area, therefore, staff had easy access to them. The chef who had been working at the service for many years told us they knew people's dietary needs and preferences very well and they prepared people's meals accordingly.

People's health needs were documented. Each person had a hospital passport, which held a summary of their needs and would be taken with them if they were admitted to hospital. This ensured professionals supporting them in the hospital had guidance on how to safely support the person. If a person became unwell when using the service, staff knew what action to take to support them. Documents showed that staff assisted people in accessing regular healthcare appointments, for example blood tests and periodic medical checks and prompt referrals had been made where a person's health needs had changed.

Good

Is the service caring?

Our findings

During this and at our last inspection, we saw that people received care that was compassionate and caring. Family members said they were happy with the care offered to their relatives. One family member said, "Staff here care for my relative, especially new staff, they are excellent. They all are very good with them." A second family member said, "staff do not always do what I ask them to, but on the whole it is a very good home and I would not have my relative live anywhere else."

We observed that staff were calm, patient and explained things well and in a way people could understand. We saw that staff sat next to people when speaking to them, and they addressed them directly to help them feel they mattered. Each person had a communication chart in their file. Therefore, staff were likely to know how to communicate with people effectively and according to their preferences.

People's care plans consisted of information on what was important to them and what could make their day good or bad. This meant that staff had guidance on what was important to help people to live a fulfilling and meaningful life.

Staff told us they promoted people's independence and encouraged people's individuality. One staff member said, "I encourage people to do every day better and better for themselves." A second staff member said, "I empower people and assist them to do things so they are more independent. We give them house chores and encourage them to do things like preparing a drink and washing up their cup."

The service recognised the importance of family participation in the lives of people using the service. One family member told us, "They inform me about anything that's going on at the service, about BBQs and hospital appointments." We observed family members actively participating in mealtimes, where they were supporting their relatives and socialising with other people using the service.

As we saw at the last inspection, staff treated people with dignity and respect. Each person had a personal care support plan where staff recorded people's needs in respect of their gender and cultural needs. This specified the level of support and care people required so that staff did not impose any care or support that was not necessary. Staff knew how to reassure people when delivering personal care. One staff member told us, "I close the door and cover people's bodies when providing personal care. I refuse to do anything people don't want. I stop immediately when they indicate they feel uncomfortable."

People using the service had records documenting their end of life wishes in place. This meant that the service considered people's wishes on what they would like to happen following their passing.

Good

Is the service responsive?

Our findings

As we saw at the last inspection, people received care that was person centred and reflected their care needs and individual preferences. The service had assessed each person's support needs prior to them moving to live at the service. People were also invited to attend pre-admission visits to get to know the staff and the service.

Each person using the service had individual care plans that consisted of detailed information on their care needs and personal likes and dislikes. For example, one person's care plan stated that they had trouble with sleeping and they needed extra support from staff to settle at night. Another person's care plans indicated that they liked walking and eating out and staff were required to assist them in exploring the local community.

The service had taken steps to meet people's religious and cultural needs. For example, one person's records included a comprehensive description of their religious beliefs and gave staff guidelines on how to support this person in meeting all the obligations of their faith. Staff also assisted people to access local amenities that supported particular ethnic and cultural groups.

The service regularly reviewed people's care needs. The majority of people using the service were unable to speak for themselves and we saw that family members were involved in identifying their changing care needs and preferences. One relative told us, "I come to every review and they send all review minutes to me."

Staff we spoke with knew about people's individual needs and preferences. They said they read care plans to know if people's needs had changed and to learn about the needs of people who were new to the service.

People's daily care records included information on how they spent their time during the day. The records showed staff supported people to take part in activities in the service, in the local community and outings that staff knew each person enjoyed. Staff told us people liked a variety of activities, these included listening to music, going to the local community centre and going out for a meal.

The provider had a complaints procedure in place. It was available in a pictorial format to make it more accessible to people using the service. The registered manager informed us there had been one informal complaint since our inspection in November 2014. It was dealt with appropriately and to the satisfaction of the relatives of the person using the service.

Family members were encouraged to share their experience of the care provided to their relatives. The registered manager told us they planned a coffee morning where family members could meet each other and express their experience of the service provision. Staff could use the meeting to talk with relatives about the general running of the service, forthcoming events and plans for the service.

Good

Is the service well-led?

Our findings

As we found at the last inspection, the feedback from relatives about the leadership at the service was complimentary. There was a new registered manager in post and family members stated the registered manager was making further improvements to the service which was already well run.

The registered manager had been in post since November 2016, however, they had worked for the provider for over eleven years. They had a good understanding of how to manage the service and keep up to date with current good practice. They had notified the Care Quality Commission of any significant events which had occurred at the service and they worked alongside the staff team to support them and to observe staff practice.

The service had a range of effective systems for handover of information between the staff to ensure they were familiar with any changes at the service. Staff had regular team meetings where they were able to discuss all matters related to working at the service. One staff member told us, "We discuss different things in meetings: people's care, we put ideas forward and talk about team dynamics."

Staff had handover meetings that they used to plan shifts and to allocate daily tasks to individual staff members. This meant that each shift could run efficiently and staff knew what was expected from them. Staff also recorded their communication on daily shift planning records, in the communication book and in the service's diary. This meant there was a clear audit trial of every event that took place at the service or was planned for the future. A staff member told us, "We have handovers, a diary and shift plans where we can check things out." Additionally, there were information boards in the office reminding staff about various tasks they were required to complete, for example updating care plans and risk assessments.

Staff told us they felt comfortable working at the service and felt supported by the management team. One staff member told us, "I know I can talk to them (the management).They look after me and other staff as well."

As with the previous inspections, we found there were systems in place to assess and monitor the quality of the service. The registered manager monitored different areas of the service to ensure people continued to receive a good service. These included health and safety checks and audits on medicines administration and storage. Additionally, the registered manager was in the process of introducing further checks such as audits on people's care files, and weekly managers' checks of all areas of service provision.