

Support for Living Limited

# Support for Living Limited - 26 Stockdove Way

## Inspection report

26 Stockdove Way  
Perivale  
Middlesex  
UB6 8TJ

Tel: 02088106622  
Website: [www.supportforliving.org.uk](http://www.supportforliving.org.uk)

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

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 - 26 Stockdove Way is a care home for up to eight adults with a learning disability and 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

Staff enabled people to access specialist health and social care support in the community. They supported people to play an active role in maintaining their own health and wellbeing. People were supported with their medicines in a way that promoted their independence and achieved the best possible health outcome. Staff communicated with people in ways that met their needs. 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 were supported to have the maximum possible choice, control and independence be independent and they had control over their own lives.

#### Right 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 this training. The service had enough appropriately skilled staff to meet people's needs and keep them safe. People who had individual ways of communicating, using body language, sounds, Makaton (a form of sign language), pictures and symbols could interact comfortably with staff and others involved in their care and support because staff had the necessary skills to understand them. People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life. Staff and people cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks

#### Right culture

People received good quality care, support and treatment because trained staff and specialists could meet their needs and wishes. People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. This meant people received compassionate and empowering care that was tailored to their needs. Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. People's quality of life was enhanced by the service's culture of improvement and inclusivity .

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

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 21 November 2020). 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 inspection to assess that the service is applying the principles of Right support right care right culture.

#### 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 responsive?

Good ●

The service was responsive.

Details are in our responsive 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 - 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 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 two inspectors.

#### Service and service type

Support for Living – 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. Support for Living – 26 Stockdove Way 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 a registered manager in post.

## Notice of inspection

This inspection was unannounced.

## What we did before the inspection

We looked at all the information we held about the service, including their action plan from the last inspection and notifications of significant events. 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.

## During the inspection

We met all the people who lived at the service and spoke with two of them. We also observed how people were being cared for and supported. Our observations included, 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 with us.

We met and spoke with one visiting relative. We spoke with staff on duty who included support workers, the deputy manager and the registered manager.

We looked at a range of records, including care records for three people, records of accidents, incidents and complaints, audits and information used by the provider for monitoring the quality of the service. We looked at how medicines were managed and conducted a partial tour of the environment.

We spoke with the relatives of four people on the telephone to gain their feedback.

# 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.

### Using medicines safely

At our last inspection, we found medicines were not always managed in a safe way. 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.

- People received their medicines safely and as prescribed. Medicines were safely stored, accurate records were kept and there were regular audits to help make sure any errors or concerns were identified and acted on.
- Staff received training to understand about the safe management of medicines and the registered manager assessed their knowledge, skills and competencies in relation to this.
- Staff reviewed each person's medicines regularly to monitor the effects on their health and wellbeing and provided advice to people and carers about their medicines.
- The staff had worked proactively with other healthcare professionals to help reduce people's medicines. This had led to improvements in their health and quality of life.

### Assessing risk, safety monitoring and management

At our last inspection, we found risks had not always been assessed or mitigated within the environment. This was a further 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.

- People lived in a safe environment. The provider had repaired damaged flooring (identified at the last inspection) and carried out regular checks and audits to make sure the environment and equipment were safe and free from damage. They had suitable systems for responding to and reducing any identified risks within the service.
- The staff assessed risks to people's individual safety and wellbeing, including those relating to their healthcare and sensory needs. They had plans to help keep people safe and these were regularly reviewed. There was input from other professionals to help make sure risk management plans were suitable.

- People were supported to be independent where they were able and take some risks to promote their choices and quality of life.
- The service did not use restrictive practices or techniques and supported people through proactive strategies which reduced the risks of them becoming anxious or unhappy with care.

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.

Staffing and recruitment

- The service had enough staff to meet people's needs, keep them safe and allow them to pursue the activities and lifestyle they wanted.
- The numbers and skills of staff matched the needs of people using the service.
- There were systems for recruiting, inducting and training staff to make sure they were suitable and had the skills, knowledge and competencies to care for people well.

Preventing and controlling infection

- There were suitable systems for preventing and controlling infection. These included training and information for staff, regular cleaning schedules as well as audits and checks on cleanliness and hygiene.
- The provider had reviewed and updated their procedures in line with best practice guidance regarding the prevention and management of COVID-19.

Learning lessons when things go wrong

- There were systems for learning when things went wrong. Accidents, incidents and complaints were recorded, investigated and learnt from. The registered manager shared learning from these with staff.
- The registered manager worked closely with other managers and organisations to learn from these and share good practice. They had led investigations into complaints against others and told us they used the anonymised findings from these to help staff at this service learn.
- The provider's senior management team had a good oversight of all adverse events. They monitored how these were responded to and whether changes in practice were needed.



# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were cared for in a way which met their needs and reflected their choices. Care was appropriately planned with input from multidisciplinary teams who were able to provide bespoke guidance for staff. Support plans were personalised and showed the staff who had created these knew people well.
- There was good communication between staff so that they had a consistent approach which focussed on people's quality of life and individual needs.
- Support plans were regularly reviewed and staff supported people to set and reach their personal goals and aspirations.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were met. Some people could not communicate verbally. The staff understood their needs well and used individualised ways to communicate with them and provide them with the information they needed.
- Communication techniques included the use of sign languages, using objects of reference, pictures and photographs. We observed staff communicating well with people and allowing people time to understand information.
- The staff demonstrated a good awareness of people's individual communication needs and helped to facilitate communication with others.
- The staff had created communication and sensory care plans for each person which described their needs and how these should be met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to take part in different social and leisure activities.
- The staff supported people to receive visitors and to stay in contact with friends and families.
- People made use of the local community and enjoyed outings with staff to pursue individual interests.
- The support some people had received to reduce their medicines and improve their health meant they

could take part in more activities and spend more time outside of the home. This had helped to improve their mental health and wellbeing.

- People were supported to learn new skills. For example, people had helped grow fruit and vegetables in the garden which they then ate.

#### End of life care and support

- At the time of our inspection, no one was being supported at the end of their lives. However, one person had received specialist palliative care in the past year. The staff had worked closely with external healthcare professionals and the person's family to allow them to continue to live at the service until their death. They had provided comfort, support and helped to manage the person's pain. They had also enabled the person to spend time with their family and be involved in decisions about their care and treatment.

#### Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so.
- The service treated all concerns and complaints seriously, investigated them and learned lessons from the results, sharing the learning with the whole team and the wider service.

# 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.

### Continuous learning and improving care

At the last inspection, we found systems and processes for monitoring and improving quality and safety were not always implemented effectively. 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 improvements had been made and the provider was no longer breaching Regulation 17.

- There were systems and processes for monitoring the quality of the service. These included audits and checks, meetings with the staff and a good oversight from the provider's senior management team.
- When concerns or problems were identified, there were plans to address these and lessons were learnt to help make sure people received good quality care.

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

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

- There was a positive person-centred culture, where staff respected the people they supported and each other. The manager worked directly with people and led by example. They were visible in the service, approachable and took a genuine interest in the views of people, staff and other stakeholders.
- People using the service, and other stakeholders were asked for their feedback and views. People were able to make choices about the way they spent their time. The staff recognised and understood people's diverse needs and these were planned for.
- Families were valued and encouraged to be involved in making decisions and providing care. Family members spoke positively about their experiences and said they were well informed.
- Staff felt respected, valued and well supported. They enjoyed working at the service and felt able to discuss their views and raise concerns with the management team. They had opportunities for professional development. They understood and worked to the values of the organisation.

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 service was suitably managed. The registered manager was experienced and qualified. They worked alongside staff and other managers to help provide quality, personalised care. Staff and family members told us the registered manager was supportive and managed the service well.
- The provider had well-embedded policies, procedures and values. These reflected good practice guidance and legislation. Staff were aware of these.
- The provider was honest and open with people when things went wrong. They provided apologies and improved the service as a result of complaints.
- Records were stored securely and appropriately.

Working in partnership with others

- The staff worked in partnership with other external professionals. Healthcare teams visited the service weekly to review and monitor people's needs. They supported the staff to request additional support and to implement guidance in order to care for people's complex needs. For example, they had supported the staff to understand about the risks of choking and to develop individual plans for each person to help them to eat and drink safely.
- The staff had also helped to improve people's health by changing aspects of their care, lifestyle and diet. They did this in partnership with the external healthcare teams and people's overall wellbeing had improved as a result of this.