

Support for Living Limited

Support for Living Limited - 43 Shirley Gardens

Inspection report

43 Shirley Gardens
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Date of inspection visit:
21 July 2017
26 July 2017

Date of publication:
26 September 2017

Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

This unannounced inspection took place on the 21 and 26 July 2017.

Support for Living Limited - 43 Shirley Gardens is a care home for seven people with mental health needs. Support for living Limited is an organisation with a number of services for people with mental health needs. At the time of our inspection there were seven people living at the service.

At the last inspection on the 27 August and 1 September 2015, the service was rated Good. At this inspection, we found the rating remained Good.

People spoke positively about the registered manager and staff. The registered manager spoke passionately about improving people's wellbeing and staff were caring and kind in their approach. People's care plans contained their views and stated how they wished to be supported. Staff reviewed care plans on a regular basis.

Staffing needs were assessed to ensure people had adequate staff support when it was required. The staff recruitment procedure was robust to ensure the safety of people who use the service.

People told us they felt safe and staff had received safeguarding adults training so they knew what to do if they suspect people were at risk of abuse. People had risk assessments in place to minimise the risk of harm to them and others.

Staff had received training to administer medicines and people's medicine administration records were completed without errors or omissions.

The service was clean and well –maintained and staff had received infection control training to prevent cross infection.

The registered manager and staff understood their responsibilities under the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

Staff received appropriate training and confirmed they received supervision sessions and appraisals to support them to undertake their role.

Staff told us about people's mental and physical health and the support they required to keep well. Staff supported people to access the appropriate health services in a timely manner. There was close liaison between the service and mental health professionals.

Staff supported people to eat a nutritious and healthy diet and remain hydrated.

The service was well-led, the registered manager was well thought of by staff and people. People and staff said they felt comfortable in raising concerns and knew how to complain. Auditing and checks took place to ensure the quality of the service.

The service worked in partnership with the health and social care professionals and the commissioning body.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	Good ●
Is the service effective? The service remains Good.	Good ●
Is the service caring? The service remains Good	Good ●
Is the service responsive? The service remains Good.	Good ●
Is the service well-led? The service remains Good.	Good ●

Support for Living Limited - 43 Shirley Gardens

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.

The unannounced comprehensive inspection took place on 21 and 26 July 2017 and was carried out by one inspector. During our inspection, we met and talked with all seven people living in the service. We observed staff interaction with people at intervals throughout both inspection days. We looked at three people's care records. This included their care plans, risk assessments, medicines records, and daily notes.

We reviewed three staff personnel files. This included their recruitment, training, and supervision records. We spoke with the domestic support worker, two support staff, the senior support worker, the registered manager, and the head of mental health services for Support for Living Limited. During our inspection, we also spoke with a visiting health care professional.

Following our inspection, we spoke with one person's relative and a representative from the commissioning body.

Is the service safe?

Our findings

People told us they felt safe in the service. Comments included, "Yes I feel safe, no one is any trouble, staff are sensible". The provider had a comprehensive safeguarding adult's policy and procedures and there was information displayed to assist people and staff to report concerns. The registered manager showed us they were in the process of arranging a safeguarding adults workshop for people living at the service facilitated by an independent facilitator. This was to support people to report concerns with confidence. Staff had received safeguarding adults training, could recognise signs of abuse, and understood their responsibility to report abuse. We saw that the registered manager had reported safeguarding adult concerns appropriately.

People had individual person centred risk management plans. For example, people had risk assessments that minimised the risk of a mental health relapse. The assessment identified the triggers that might precipitate and indicators of this. Actions to take to minimise the risk of a relapse were stated for staff guidance. There was also a crisis intervention plan for staff to follow should the person's health deteriorate. People were involved and commented in their risk assessments, for example "I will tell staff when I am feeling unwell". Other risk assessments included prevention of offending and of substance misuse.

Some people using the service smoked and there were risk assessments to minimise the risk of harm to people. The provider's smoking policy allowed people to smoke in their bedrooms as such staff reminded people of the risk of fire and encouraged people to smoke in a safe designated smoking area. Staff ensured people knew where the nearest fire exit was and people had a deep ashtray so they could safely dispose of their cigarettes in their bedrooms. The service had a fire risk assessment that was updated yearly. Staff had received fire awareness training. There was 24 hour staffing so support could be given in the event of a fire. Fire alarms were tested on a weekly basis, firefighting equipment was in place, each floor had a fire plan, and fire exits were clearly marked. The service had undertaken fire drills on a regular basis to ensure people knew what to do in the event of a fire. A night time drill had also taken place to check how people responded. All people had a personal evacuation plan in the event of a fire that stated for example when people may need staff support.

Staff told us there was enough staff to meet people's needs. During our visit, staff were able to work with people and support them without being rushed or overstretched. When there was a need for extra staff, bank staff were used, as such they were familiar with the people's support needs. We saw that should a person need staff support to go to an appointment an extra staff member was rotated to ensure adequate staff cover in the service. The registered manager explained that there was currently a stable team. They described when recruiting they looked at staff's past work experience, knowledge and skills as well as their personal background to ensure a mixed staff team in terms of age, gender and ethnicity. This benefitted people living at the service as they could for example have support from a staff member who had an insight and an understanding of their culture and beliefs.

We looked at a selection of staff personal files and found the provider had appropriate recruitment processes. Prospective staff completed application forms and attended an interview. Prior to employment criminal records checks were undertaken, proof of identity and address checks were made and two

references were received. As such the service helped to ensure staff were suitable to work with people who use the service.

People came to the office to so that staff could administer their medicines for them. This promoted people's independence as they took the initiative in asking for their medicines. If people did not request their medicines then staff would remind them. We saw that staff had received training to administer medicines and medicine administration records (MAR) were completed appropriately without errors. Tablets when counted, tallied with the amount recorded. People's MAR contained their photo to avoid medicines being given to the wrong person in error. There was information about medicines for staff information and guidelines for medicines to be given as and when needed (PRN medicines). PRN guidance had been signed by the GP to ensure it was correct.

The service was clean and well maintained. Staff had received infection control and food hygiene training and wore protective equipment such as disposable gloves to minimise the risk of cross infection. Bathrooms and toilets contained hand sanitizer and paper towels so people and staff could wash their hands. We saw the domestic staff member was employed five days a week to clean the service.

Is the service effective?

Our findings

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. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People at Support for Living – 43 Shirley Gardens had capacity to consent to their care and treatment and as such there were no DoLS applications made for authorisations to deprive people of their liberty. We saw that where people may not have capacity for a specific decision a mental capacity assessment had been undertaken. For example, when one person was found not to have capacity with regard to their finances, a best interests meeting had been held with the appropriate professionals. As an outcome, a referral was made to the court of protection to ensure the person's legal rights were being upheld.

Health care professionals told us "Staff are very much on the ball, really engage with the clients and work closely with them". Staff confirmed they received training to support them in their role both through face to face and online training. Training provided included medicines management, MCA and DoLS, health and safety, food hygiene, safeguarding adults from abuse, infection control, equality and diversity and first aid. One staff member described a workshop they attended which they found helpful in understanding different mental health conditions such as bipolar disorder, depression, and schizophrenia. Staff explained they also had the opportunity to learn from attending people's care planning approach meetings where mental health professionals discussed diagnosis, treatment and support for people. Staff received regular supervision and yearly appraisals to support them in their roles.

The service's focus was to support people's with their mental health and associated needs. To assist staff to do this effectively they used a 'Recovery star' model which identified ten key areas that were monitored and updated on a six monthly or more often basis. The domains included for example self-care, relationships, addictive behaviour, work, and living skills. The review was undertaken with the person and staff recorded both what the person thought their progress was and what they thought their progress was. The outcome of each domain was scored and there was a graph as a visual aid to show progress from previous reviews. This was a good way for people to talk about different aspects of their life and to see how they were changing in a positive manner. It also helped staff to talk to people when for example they were not managing an addiction well. The 'recovery star' document updates were reflected accurately in people's care plans and risk assessments.

People's physical healthcare needs were also met and we saw people had attended GP and clinic appointments and had yearly health checks. Staff supported people to attend blood tests and encouraged people to attend health appointments. People had a health check document to record for example how the person expressed pain, what support they required for their eyesight, sexual health and specific concerns such as skin conditions.

People confirmed they had meals of their choice. Staff encouraged people to make their own breakfast and

lunch to support their independence. If they required support or prompting this was given by staff. Kitchen posters displayed information to inform people about healthy eating. We saw that the kitchen was well stocked with a wide selection of healthy food choices for people. There was for example a large bowl with a variety of fruit in the kitchen and the refrigerated foods included fresh salad ingredients, eggs, yoghurts, and selection of cold meats. The staff made a nutritious meal for people each evening. People told us "They ask you what you want for dinner" and each person had their choice during the week. There was a selection of both cold drinks and hot beverages for people to choose from and people were encouraged to drink enough to remain well hydrated.

The service was a purpose built three story building and was suitable for the people using the service. Each person had their own bedroom and there were communal bathrooms, lounge, and dining and kitchen area. The service had stairs to the upper floors with rails to ensure people's safety.

Is the service caring?

Our findings

All people spoke positively about staff. One person told us, "Staff are brilliant – superb they couldn't be better" and another commented on individual staff, "A good girl this one – like an angel". People had a designated key-worker, (a staff member who worked closely with them). The keyworker was responsible for updating and reviewing people's care documents with them. This gave people consistency. We found when one person was living away from the service for a lengthy period of time they were visited by their key-worker on several occasions to retain contact with a familiar staff and to facilitate their smooth return to the service.

Staff spoke positively about and to people in an affirming manner, telling us for example, "[Person] has a kind nature and a heart of gold". Staff told us "Listen to them, listen to them always, they need to be listened to and if I can do something immediately I will". We observed staff welcomed people when they came back from being out and said to people going out "Goodbye" and asked "What time are you back?". Their manner was warm and friendly and they were interested in people's conversation.

The registered manager demonstrated a commitment to improving the lives of people who had a mental health diagnosis by working with people in an optimistic and positive manner and seeing in people the potential to remain well. We observed that the registered manager and staff told us about people in their care they did not talk about the person's mental health diagnosis but about the person themselves and the support they required to maintain their wellbeing and to live a full and independent life.

We observed staff were respectful of people's privacy. People's care plans detailed their right to privacy and stated for example, "I have privacy of my room and staff will knock before entering". Staff encouraged people to look smart and take pride in their appearance. The registered manager described one person who had neglected their personal care and had not bathed for many months before coming to the service. Since living at the service, they were now well groomed and took a pride in their appearance. The registered manager told us supporting people to maintain their dignity and their self esteem was seen as instrumental to ensuring their ongoing mental health recovery.

People told us they were involved in their care planning "They give me my care plan and I have to sign that I do agree with it" and another person said, "[Staff] meet with me to ask about support, I read [my care plan] and sign it". Care plans contained people's comments and agreements for the support planned for them.

Is the service responsive?

Our findings

People had person centred care plans that contained a one-page profile about the person and told staff 'How best to support me'. Care plans asked 'what is working for you?' and people's comments were recorded for example 'Living here is working well'. People we spoke with told us they were involved in their care planning and were offered support as they wished to be supported. Care plans were written in a clear manner and gave specific guidance to staff. We saw feedback to the service where a health and social care professional had commented on the 'Improved quality of the person centred approach you offer' and verbal feedback from a health and social care professional stated at inspection that people's care is "Tailored around them".

People's support plans specified what support they required, for example "Prompt to shower twice a week". During our visit, we saw staff encouraging people to change their clothes prior to going out, make their own hot drink, asking people if they had eaten and supporting people to undertake household tasks such as changing their bed and tidying their room. Care plans were reviewed appropriately and monthly summaries were completed in a timely manner. This ensured that people's information was up to date and correct.

People in the service were independent and went out into the local area by themselves. During our visit, we saw people going out to visit family and friends, attend an activity, and go to their place of worship. We saw that on occasion some people had been with staff on planned days out to London, visit family graves, or visit the area where they grew up. One person's birthday had just been celebrated with a party prior to our visit and everyone we spoke with had enjoyed the occasion. Some people sat in the communal area and talked, and people visited from a nearby supported living scheme. The registered manager and team leader told us how they worked with people to motivate them to undertake activities. The registered manager explained that activities were an area they had identified as requiring further staff input. They were working with support staff and people to see how they could maximise the opportunities open to people.

People told us they could raise a concern to the registered manager and relatives said they could raise a formal complaint, if needed. They felt the registered manager would listen to a formal complaint. The service had a complaints policy and procedure that were displayed for people to use. There were no formal complaints recorded at the time of our visit but we saw the complaints file was ready to be used in the event of a complaint and the registered manager told us how they would ensure a complaint was addressed appropriately.

Is the service well-led?

Our findings

There was a registered manager in post. 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. People and staff spoke highly about the registered manager. Staff told us "Yes, a good manager" and "Always prepared to support you". One staff member told us, "I cannot ask for a better manager, very supportive" and described to us that the registered manager had on occasions come into work when they were off duty to provide staff cover so that the staff member could go to their place of worship.

The registered manager spoke passionately about their role and told us they led staff by example. To facilitate this they described they were, "hands on" and were the key-worker for one person living at the service. They explained they did this so that they could act as a role model for staff to follow, giving an example that, "Staff look at my keyworker notes and see the way I'm doing things".

Staff told us there was good team working at the service. One member of staff said, "It is a nice place to work because of the team, we are together and support each other". We saw there were good lines of communication in the service. Staff coming onto shift had a detailed handover from the previous shift where information was shared. A health and social care professional told us "Staff are really engaged and keep me informed, communication is exemplary." The registered manager held regular staff meetings to share information, to address concerns and to allow staff the opportunity to state their views.

The registered manager and staff undertook a number of audits and checks to ensure the quality of the service given. During the daily handover, finances and medicines were checked and counter signed by either the registered manager or another staff member to confirm the check was correct. There was a daily health and safety check by the oncoming shift. They walked around the building to check for example hand sanitizer, paper towels were available, and that food in the fridge was in date. We saw that the registered manager undertook spot checks on a regular but random basis to ensure daily checks were being completed by staff in a robust manner. There were also weekly checks such as the fire alarm testing, water temperature checks and a check of the first aid boxes contents. The registered manager checked people's care plan documents to ensure reviews were scheduled and monthly summaries had taken place.

The head of services told us that they audited people's documents electronically to ensure they were up to date and completed to a satisfactory standard. In addition, there was a yearly audit from Support for Living Limited quality assurance team. This was a comprehensive audit of the service. An action plan was produced from the findings of the audit and timescales were given to ensure the actions were taken in a timely manner. We saw that actions identified were completed by the registered manager.

People were asked their views of the service in a variety of ways. There was an 'open door' policy. We saw people came to the office to talk, there were regular residents meetings, and people had individual meetings with their keyworker. People's views were recorded in their care plan documents. In addition, the head of

service visited on a regular basis and spoke with people to ensure they were happy with the service provided. The quality assurance team also talked with people when they visited to establish their views of the support they received.

We saw written positive feedback from people's relatives and from health and social care professionals. We spoke with a health and social care professional who was positive about the service. We saw that the service was working in partnership with health and social care professionals.