

Support for Living Limited

Support for Living Limited - 19 Haymill Close Shortbreak Service

Inspection report

19 Haymill Close
Greenford
Middlesex
UB6 8HL

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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? | Requires Improvement  |

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 - 19 Haymill Close Shortbreak Service is a residential care home providing short stay accommodation for adults with a learning disability and autistic people living in the London Borough of Ealing. The service provides periods of planned and emergency respite care to people throughout the year, commissioned by the London Borough of Ealing.

Up to 7 people can stay at the service at any time. On the day of the inspection 3 people were staying at the service.

People's experience of using this service and what we found

Right Support

Staff supported people with their medicines safely. Staff worked with other agencies to support people's needs. There were infection prevention and control arrangements in place. People were supported by staff to pursue their interests. Staff supported people to achieve their aspirations and goals. The service worked with people to plan for when they experienced periods of distress and to support them safely at such times.

Right Care

People received person-centred care and support. Staff knew and understood people and responded to their individual needs. Staff had training on how to recognise and respond to safeguarding concerns. The service worked with other agencies to do so. The service had enough appropriately skilled staff to meet people's needs and keep them safe. Staff communicated with people in ways that met their needs. People's support plans reflected their preferences and needs to promote their safety and wellbeing.

Right Culture

The provider operated monitoring processes to help ensure people consistently received good quality care and support. Whilst some care records were not always consistently clear or detailed enough, this did not impact on the quality of care provided. We discussed this with the registered manager so they could make the necessary improvements and they responded to this promptly. People and those important to them were involved in planning their care. Staff turnover was low, which supported people to receive consistent care from staff who knew them well. Staff and managers knew and understood people well and were responsive to their support needs. The provider had a clear vision for the service based on improving people's quality of life and staff worked to make this happen.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 10 May 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service. As a result, we undertook a focused inspection to review the key questions of safe, responsive and well-led only. 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. 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 remained good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Support for Living Limited - 19 Haymill Close Shortbreak Service on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Support for Living Limited - 19 Haymill Close Shortbreak Service

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 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Support for Living Limited - 19 Haymill Close Shortbreak Service is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Support for Living Limited - 19 Haymill Close Shortbreak Service 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this

location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was so staff could inform people who may be using the service to help mitigate the risk of this causing them distress. Inspection activity started on 13 January 2023 and ended on 30 January. We visited the service on 17 January.

What we did before 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 reviewed information we had received about the service since the last inspection. We used all this information to plan our inspection.

During the inspection

We spoke with 4 staff, including a support worker, a deputy manager, the registered manager and the area manager. We reviewed a range of records relating to the management of the service including health and safety, monitoring, incidents and meeting records. We looked at 3 people's medicines support records and care and risk management plans. After our visit we spoke with 8 relatives of people who had used the service for planned or emergency stays and 3 professionals who have worked with the service recently. We continued to seek clarification from the provider to validate evidence found.

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 good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- The provider assessed risks to people's safety and wellbeing and took action to minimise these.
- The registered manager worked with the landlord to maintain the living environment. We found a bathroom cabinet was in a poor state of disrepair when we visited. We discussed this the registered manager and shortly after our visit they provided evidence that this had been replaced. Other areas of the home were in the process of being redecorated to improve or maintain the environment. This was being managed in a staged approach to avoid disrupting people's service.
- The provider made sure checks on fire, electricity, gas and water utilities, doors and windows took place regularly. This included working with partners to respond to the findings of fire safety risk assessments to ensure the service remained safe.
- People had care and risk management plans in place that set out various issues and how staff should support people to reduce risks to their safety. For example, when supporting a person to make sure they could dress appropriately for inclement weather or when someone may become distressed or very excited when out and about. Relatives thought people were safe.

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 sought to deprive a person of their liberty.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from the risk of abuse. Staff had training on how to recognise and report abuse and they knew how to apply it. This included using whistleblowing procedures. Staff and the managers felt confident in raising concerns and being supported by the provider.
- The service worked with other agencies to respond to and investigate concerns.

Staffing and recruitment

- The registered manager ensured there were enough staff to keep people safe and meet their needs. They adjusted the number of staff on shift depending on how many people used the service. Relatives said they felt there were enough staff to support people.
- The provider was in the process of recruiting more staff, but there was a stable staff and management team in place to provide people with some continuity of service. A relative told us, "[There is] enough staff and not really a high turnover, some have [the staff] been there for years."
- There were suitable recruitment processes in place to help make sure the provider only employed appropriate staff. These included Disclosure and Barring Service (DBS) and previous employment checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- There were appropriate systems in place to help people take their prescribed medicines safely, such as ordering, administering, recording and store medicines safely. However, the recording of this support had not always been implemented consistently.
- Staff supported some people to take medicines 'when required', such as for pain relief or in an emergency, but there was not always up to date guidance in place for staff on when to provide this support. Some of records for when people took their medicines with them to another service, such as a day centre, were not always clear. We discussed these points with the registered manager and they promptly addressed them after our visit.
- Staff used medicines administration records (MARs) to record when they supported people to take their prescribed medicines. These records and people's support were checked regularly.
- Staff completed mandatory training on supporting people with their medicines and the provider assessed their competency to do this safely. Relatives told us they had no issues regarding medicines support.

Preventing and controlling infection

- The provider had appropriate procedures in place for preventing and controlling infection so as to keep people safe.
- We were assured that the provider was using PPE effectively and safely. Staff were provided with personal protective equipment (PPE) such as masks, aprons and gloves to wear so they could support people safely. Staff were shown how to use this. They also completed awareness training on infection prevention and control.
- The provider had processes in place for responding effectively to risks and signs of infection when these were identified.
- The provider was promoting safety through the layout of the home and keeping the premises clean. We were assured that the provider was preventing visitors from catching and spreading infections.

Learning lessons when things go wrong

- There were systems in place to record and learn from incidents and accidents.
- The management team were responsible for making sure staff recorded incidents and looked into what happened. The team noted what took place, the actions taken in response to this and if there was any learning for the service.
- The provider's reporting systems enabled senior managers to monitor incidents and accidents to see if they were responded to effectively. We saw the provider's area manager conducted periodic quality audits to check that this took place.
- Professionals said the service kept them informed about incidents in a timely manner. One professional said, "If there's any incident or concern, we know about it there and then." This meant they were kept informed about people's experiences and could take timely action to support the person and the service

when 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.

Improving care quality in response to complaints or concerns

- The provider had processes in place for receiving, responding to and learning from complaints and compliments. Relatives knew how to raise any issues and could contact the management team when they needed to. We received mixed feedback from relatives about when they did this. Most said they were listened to, but some said they felt this was not always the case, for example complaining when some items of a person's clothes went missing. We discussed this with the registered manager and saw service records that showed the steps they had taken to address this.
- The registered manager discussed complaints and feedback about the service at staff team meetings so as to use the learning from this to make improvements.

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

- People received care and support that met their individual needs and preferences. The service met the needs of people using the service, including those with needs related to protected characteristics.
- Relatives told us people's support was personalised and responsive to their needs. Relatives commented on how staff came to their homes to assess and start to understand a person's needs before they came to the service. One relative said, "I feel really convinced they set it up well and it's the right thing. [It was] a very thorough job and the manager came as well, which is good."
- Professionals spoke positively about people's support. Their comments included, "The support is very person-centred" and "I never feel [the staff] don't know what's going on, it's a team approach." A professional explained how the service had successfully persuaded a person to accept personal care support when they had been reluctant to do this with others.
- People's support plans gave information about their needs and preferences and what staff should do to support them effectively. For example, how to support a person when they experienced distress or agitation in some circumstances, including setting out what was known to trigger this and actions to de-escalate the situation.

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.

- The service supported people's communication needs.
- People's support plans set out information about how people communicated, such as when they used

words, sign language or gestures, and how staff should support them.

- We observed staff communicate appropriately with people when we visited. Professionals told us they felt staff met people's communication needs. One commented, "Staff are very respectful, polite, the communication environment is very good."

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

- Staff supported people to participate in social and leisure interests when they came to stay. This included trips out shopping, to have meals out and go to the cinema, depending on the individual. Staff also supported people to attend other services like a day centre or college.
- Most relatives told us they felt people were supported with activities during their stay. Their comments included, "I know [the person] has a good time there", "[The person] meets people they wouldn't meet and does things they wouldn't do [at home]," and "If [the person] wants to go out they'll always go with them."
- The service supported people to maintain relationships with those who were important to them. For example, a professional described to us how staff had followed support guidelines to help a person re-establish contact with their family so their relatives could visit them.

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 good. At this inspection the rating has changed to requires improvement. This meant that although there was consistent service management and leadership and the culture they created supported the delivery of high-quality, person-centred care, some of the systems in place did not always do so.

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

- The provider had appropriate systems and processes in place to assess, monitor and improve the quality and safety of the service. However, these had not always ensured that accurate, complete and up to date service records were maintained. While we found no evidence people had been harmed, recording issues meant there was a risk some people might receive inconsistent support.
- We found that when some people took prescribed medicines on an occasional basis, such as for pain relief, there was not always up to date staff guidance in place for each person on when to provide this support. The records to account for when people brought their prescribed medicines in and out of the home, such as when visiting a day service, were not always clear.
- The registered manager had not always maintained up to date records of actions taken in response to the findings of fire safety risk assessments. While we saw food was stored appropriately, it was not always clear staff had maintained appropriate freezer temperature checks at all times or if action was taken in response to such checks if there was an issue. The managers completed a monthly service audit, but it was not always recorded clearly when the issues these checks identified were addressed.
- We discussed these points with the registered manager during our visit and they promptly addressed them. For example, they provided evidence of addressing potential fire safety concerns.
- The managers and the provider ensured there were regular checks of the service to monitor the safety and quality and otherwise make improvements. A senior manager audited the service on a quarterly basis, and we saw the registered manager took action in response to these audits' findings.
- Relatives spoke positively about how the service was managed. Relatives told us, "I'm very happy with the management, they listen and communicate well," "Nice and friendly" and "On top of things." Professionals also told us they valued the management of the service and one described the registered manager as "fantastic."
- Staff told us both the registered manager and deputy managers were approachable and supportive. Staff said the registered manager "makes sure things get done."
- Staff had recently nominated one of the deputy managers for an award from the provider, in recognition of their hard work and commitment. We saw the provider had also received positive feedback from professionals regarding the registered manager's leadership and professionalism.
- The provider displayed the ratings for the last inspection at the home and on their website to inform people about the quality of the service.

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

- Managers and staff promoted a positive, person-centred culture at the services. A relative said, "It's run by nice, well-meaning people."
- The managers were visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say.
- Staff were proud of the difference the service made to some people's lives, especially helping a person to experience new things or when a person who may be experiencing a crisis and coming to the service in an emergency. Staff told us they felt morale was good and they worked effectively as a team.
- Professionals spoke favourable of the service, its culture and approach. One professional told us, "I trust [the service] to work in people's best interests and be thoroughly person-centred." Another said, "There's a pride in [the staff's] responsiveness and their role." A third professional described how they had found staff "really invested in" a person's well-being and had demonstrated "genuine concern" about working with other agencies to find a suitable place for the person to move on to.

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; Continuous learning and improving care

- The registered manager understood their responsibilities under the duty of candour. They had responded to feedback and adverse events, investigated these and apologised when things went wrong.
- The provider had a clear vision for the service and demonstrated a desire for people to achieve the best outcomes possible.
- The provider and the registered manager used the assorted checks and audits to identify actions to improve and develop the service.

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

- People, their relatives, professionals and staff had opportunities to be involved in the running of the service. The provider sought their feedback and used this to develop the service.
- People, their family and professionals were able to give their thoughts about people's care at regular review meetings. A relative said, "[The registered manager] listens to anything we've got to say." The registered manager told us they planned to re-institute regular coffee mornings for relatives to attend as these had paused due to the COVID-19 pandemic and then to reduce the risks of causing distress to some people who had used the service on an emergency basis. A relative we spoke with said they would value these meetings starting again.
- The registered manager held regular team meetings with staff to discuss the service, reflect on feedback received from relatives and findings or action points from quality audits. Staff said the meetings were helpful and they felt listened to. A professional told us they also sometimes attended these to discuss and advise on people's support.

Working in partnership with others

- The service worked in close partnership with other agencies, such as social workers, behaviour support practitioners, psychologists and psychiatrists to help provide coordinated care to people. A professional told us, "There are really good lines of communication."