

Richmond Psychosocial Foundation International 89 Heathfield North

Inspection report

89 Heathfield North
Twickenham
TW2 7QN

Tel: 02087441330
Website: www.rpfi.org

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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

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

89 Heathfield North is a supported living service providing personal care to people with a learning disability and/or mental health needs so that they can live as independently as possible. The service is located next door to a care home for people with learning disabilities that shares the same staff and is part of the same organisation. 89 Heathfield North has its own front door, however both services are linked by a connecting door to the rear.

The service is registered to provide care and support to people living in a 'supported living' setting. At the time of our inspection there were three people receiving care and support. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right Support

Staff supported people to have the maximum possible choice, control and independence. People were able to come and go as they pleased and pursue their own interests in their local area. People were helped and encouraged by staff to make their own decisions. Staff communicated with people effectively.

Right Care

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. The service had enough appropriately trained staff to meet people's needs and keep them safe. People told us they liked the staff and managers involved in their support.

Right Culture

Staff interacted with people in a positive way. People appeared happy and relaxed whilst engaging with staff. We received positive feedback from people and staff about the support provided at 89 Heathfield North. Staff knew how to protect people from abuse and had the appropriate skills and training to carry out their job role. Managers and staff knew people well and were able to communicate with them effectively.

We have recommended the provider works to ensure the systems and procedures in place fully reflect the separate supported living service located at 89 Heathfield North.

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

Rating

The last rating for this service was good, published 12 September 2017.

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring 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.

89 Heathfield North

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 Care Act 2014.

Inspection team

One inspector carried out the inspection.

Service and service type

This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this

information to plan our inspection.

During the inspection

We spoke with three people who used the service about their experience of the care provided.

We also spoke with four members of staff including the registered manager and the provider care co-ordinator.

We reviewed a range of records. This included two people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We also looked at training data and quality assurance records.

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.

Systems and processes to safeguard people from risk of abuse; Learning lessons when things go wrong

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. People told us they felt safe and were happy living at the service. One person said, "I like it. Staff help me. They speak to me nicely."
- Staff had training on how to recognise and report abuse and knew how to apply it. One staff member commented, "I would talk to the managers. I'd make sure something would be done – 100%." Another staff member told us, "We have a duty of care."

Assessing risk, safety monitoring and management

- Any risks to people's safety were identified and assessed. Assessments and support plans were in place around the known risks for each person, for example, their finances, mental and physical health.
- Staff knew people well and understood how to support them to remain safe. People's daily routines were familiar to staff and protocols were in place to address any day to day concerns, for example, if someone did not return home after being out. A staff member said, "We do make sure they are safe."
- Both support plans and risk assessments were regularly reviewed and updated when someone's needs changed.

Using medicines safely

- People were supported to take their medicines safely. One person told us, "They deal with that. They [staff] keep it for me and give it to me every day." Medication agreements and care plans were in place with specified levels of support for each person, for example, one person required a low level of support whilst others wanted staff to manage their medicines on their behalf.
- Staff received training and underwent competency checks before they administered medication.
- The medicines administration records (MAR) we reviewed were correctly completed.

Staffing and recruitment

- The service had enough staff with one member allocated as support each day for the people living at 89 Heathfield North. A person told us, "They help me. I can pop next door to talk to staff if I need to." A staff member said, "The people here are more independent. It's a different type of support."
- People were protected from the risk of being supported by staff who were not suitable to work with them. The service carried out recruitment checks on care staff to ensure they were suitable to work in a supported living setting. This included Disclosure and Barring Service (DBS) and identity checks along with references to confirm they were of good character. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer

recruitment decisions.

Preventing and controlling infection

- We were assured that the provider was using personal protective equipment (PPE) effectively and safely. Staff had access to appropriate protective equipment, such as face masks, disposable gloves and aprons as required.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The service had systems in place to document and investigate any incidents or accidents. Any lessons learned were shared with staff through team meetings, supervisions and handovers.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and preferences were assessed before they began to receive support at 89 Heathfield North. Transition plans were documented and assessment visits facilitated to make sure the placement was suitable. This included consultation with the existing tenants of 89 Heathfield North.
- Support plans were written detailing how people's needs, and preferences were to be met.
- Where possible, people were involved in creating and agreeing to their support plan. Allocated key workers met with people regularly to discuss their support and make changes as required.

Staff support: induction, training, skills and experience

- New staff underwent an induction process to ensure they had the skills and knowledge necessary to meet people's needs. Existing staff underwent an annual refresher covering important areas
- This included face to face and online training, shadowing experienced members of staff, and competency assessments.
- Staff said they felt supported by the registered manager. They received regular one to one supervision and felt able to ask for support when they required it.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink in line with their needs. One person commented, "I don't want to cook. Staff help me choose what I want and I go shopping on Fridays."
- People could choose what, where and when to eat and would buy their own food with support from staff.
- People's support plans reflected their dietary needs, and staff knew people well including their likes, dislikes, and any special dietary requirements.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access local healthcare services and encouraged to make healthy choices.
- For example, around their diet, being supported to attend regular health checks and access specialist health support where required.
- One person told us they required a dentist and that staff were helping them find one locally.

Ensuring consent to care and treatment in line with law and guidance

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 MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People's consent was recorded within their care files. Staff knew the importance of supporting people to make choices. One staff member told us, "We motivate and empower people. Here they make their own decisions." Each person told us they were able to come and go as they pleased and make choices about, for example, what they did each day and what they ate.
- The registered manager and staff had received training about the Mental Capacity Act 2005. Where required, people's individual capacity to make specific decisions was assessed, for example, to take their medicines.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us the staff were caring. One person said, "The staff are very nice." Another person commented, "I like the staff."
- We observed people and staff interacting during our inspection. We saw that they knew each other well. Staff were friendly with people and spoke to them in a respectful way.
- People's needs were assessed in line with protected characteristics under the Equality Act 2010 such as age, disability and sexual orientation. Support plans addressed people's cultural background and any identified support needs.

Supporting people to express their views and be involved in making decisions about their care

- People were able to choose how they received their care and support. This included the activities they engaged in, what they ate and wore and how any personal care needs were met.
- The service operated a key working system to support people to express their views and help empower them to make decisions. Key workers are members of staff with a specific remit to support an individual, for example, helping them to set goals to achieve more independence. We saw records were kept of one to one key working sessions addressing areas such as physical health, diet and activities.
- Support plans included people's own views of their strength and needs. For example, 'my eating habits have not been great. I would like support to...'

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected. Staff knocked on people's bedroom doors and waited to be invited in before entering. One person told us, "The staff help me and speak to me nicely. My key worker is very helpful."
- Care staff told us they received training about the importance of maintaining people's privacy and dignity and knew the people they supported well. This helped them understand each person's individual preferences and how people preferred to be cared for. One staff member told us, "Each person has their individual way of doing things and we try to help them."
- People were supported to maintain relationships with their families and friends as required.

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's support reflected their needs and wishes. People told us they were happy with the support provided to them and liked living at 89 Heathfield North. They said they could always speak with the staff and with the registered manager, if they wanted something.
- Each person's bedroom accommodation was personalised reflecting their choice's and preferences. Communal areas were available including kitchen, lounge and garden.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff understood how people preferred to be communicated with and this was referred to in people's support plans. The registered manager understood the importance of using communication methods such as large print and alternative language formats, when this was required.

Improving care quality in response to complaints or concerns

- People we spoke with did not have any complaints, but they knew how to complain and felt confident their issues would be resolved if they did. One person told us, "The manager is good. He listens."
- The service had a written complaints process in place and this was made available to people using the service and their representatives.

End of life care and support

- At the time of our inspection, no one was receiving end of life care.
- People's support plans could record their end of life care and support needs and wishes, if they wanted to.

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 remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Staff told us there was a positive culture at the service. They said they felt supported by the registered manager. One member of staff told us, "He's down to earth. You can talk to him." Another member of staff said, "I think people are well supported."
- The service was person centred and organised around meeting people's individual support needs and achieving positive outcomes for people.
- People were able to meet with staff and more formally share their views although they chose not to have a residents meeting. Their views were shared in one to one meetings with their key worker. Records were maintained of these sessions and of people's choices.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility to share important information with people.
- CQC and local authorities were kept informed about important events at the service.

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

- People had personalised support plans which had been reviewed regularly and staff knew people well, however quality assurance and other systems did not always fully recognise 89 Heathfield North as a supported living service separate from the care home next door. For example, staff allocations were incorporated into the care home staff rota.

We recommend the provider works to ensure the systems and procedures in place fully reflect the separate supported living service located at 89 Heathfield North.

- Staff understood their roles and the management arrangements at the service. Staff said they had good access to management support and guidance. They told us they enjoyed working at the service and said people received good quality individualised support.

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

- People were involved in shaping the service. The registered manager and staff tried to ensure the service

was built around the needs, preferences and choices of people. We did however note that people using the service described where they lived in different ways. Two people said it was a care home and one person described it as 'sheltered accommodation'. As before, we recommend the provider looks to develop the supported living service in its own right, separate from the care home, and benchmark the service against published good practice guidance such as the real tenancy test.

- People were supported to transition into the service with meetings and visits to help them and existing tenants settle. This was to help maximise the probability of people getting along and minimising foreseeable and avoidable conflicts.

Continuous learning and improving care; Working in partnership with others;

- Ongoing learning took place at the service. The registered manager and staff undertook training to develop the skills, knowledge and access to resources required to deliver good quality care.
- The registered manager and staff worked collaboratively with other organisations to ensure positive outcomes for people. This included working with health and social care professionals and other local organisations.