Support for Living Limited

Support for Living Limited - 62 Rosemont Road

Inspection report

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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

The inspection took place on 27 September 2016 and was unannounced. The previous inspection took place on 23 July 2013 at which time all the assessed standards were being met.

Support for Living - 62 Rosemont Road is a supported living service that provides care to three people with a learning disability. At the time of our inspection there were three people living at the service. The provider is Certitude, which has a number of supported living homes in London providing support for people with learning disabilities, autism and mental health needs.

The registered manager had recently left and the deputy manager was managing the service with support from the service manager. At the time of the inspection, a new manager had been appointed and was due to start the following week. After they started, we saw that they made an application to the Care Quality Commission to become the registered manager of the service. 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.

Appraisals were not up to date and team meetings were not held consistently but staff generally felt supported by the deputy manager and the new manager had begun to schedule dates for appraisals and team meetings.

There were procedures in place to safeguard people, staff knew how to respond if they suspected abuse, there were enough staff to support people using the service and risk assessments minimised harm to people using the service.

There were a number of regular maintenance and service checks carried out to ensure the environment was safe. Medicines were administered and stored safely.

People were supported to have enough to eat and drink and were able to have food and drinks when they wanted to.

People had access health care services and the service worked with other community based agencies.

We observed staff were kind, people's dignity and privacy was respected and staff were able to give a good account of people's individual needs and preferences.

An appropriate complaints procedure was available.

Relatives and staff indicated they could speak to the deputy manager about concerns.

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.

There were procedures in place to safeguard people from the risk of abuse and staff knew how to respond if they suspected abuse.

Risk assessments minimised harm to people using the service.

There was a sufficient number of staff.

Medicines were administered and stored in a safe way.

Is the service effective?

Good

The service was effective.

However, appraisals were not all up to date.

People were supported with food and drink to meet their individual needs.

People's healthcare needs were met and we saw evidence of involvement with relevant healthcare professionals.

Is the service caring?

Good

The service was caring.

People who used the service had developed positive relationships with staff.

People's privacy and dignity were respected.

People were supported to maintain relationships with family and friends.

Is the service responsive?

Good

The service was responsive.

Staff were aware of people's individual needs and they were able

to identify the routines and preferences of people living in the service.

There was a complaints procedure and people said they would speak with the deputy manager or service manager about concerns they had.

Is the service well-led?

Good

The service was well led.

A new manager had been appointed to the service and recruitment of support workers was ongoing. People who used the service, relatives and staff said the deputy manager was approachable.

Team meetings were not held regularly but were in the process of being scheduled.

The service had effective systems to monitor the quality of the service delivered to ensure the needs of the people who used the service were being met. Maintenance and service checks were carried out to ensure the environment was safe.

Support for Living Limited - 62 Rosemont Road

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 inspection took place on 27 September 2016. It was unannounced and conducted by a single inspector.

Prior to the inspection, we looked at all the information we held on the service including notifications of significant events and safeguarding. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about. We also contacted the local authority's Commissioning Team and Safeguarding Team.

During the inspection, we spoke with three people who used the service and two staff members including the deputy manager. Following the inspection, we received feedback from two relatives and a healthcare professional.

We looked at the care plans for three people who used the service. We also saw files for six staff which included recruitment records, supervisions, appraisals and training records.

We looked at medicines management for all three people who used the service. Additionally we looked at the environment, maintenance, servicing checks and audits.

Good

Our findings

Relatives of the people who lived at the home and one of the people living there told us they thought the home was safe. Support workers we spoke with had undertaken safeguarding training, were able to identify various types of abuse and knew how to respond. As some of the people using the service had complex needs and could not always communicate verbally, people's files included a section on how they might alert staff to concerns around abuse. For example, "I may flinch if people are near me" and provided guidelines for staff on how to keep the person safe and who to raise a safeguarding alert with. There had not been any recent safeguarding alerts, however we saw the last alert was correctly investigated, raised with the local authority and the Care Quality Commission. We saw evidence of processes put in place to prevent a reoccurrence of the incident and to improve people's wellbeing and safety.

Individual risks had been assessed for each person and included risks such as fire, using the hydrotherapy pool and people being on their own. These were person-centred and indicated the action required to minimise each risk and prevent harm. The risk assessments were reviewed regularly and we saw that all the staff who worked with the person, had signed and dated the risk plans to show they had read and understood them. The care plans all indicated people using the service required support with managing their finances.

Systems were in place for the safe management of people's monies. Each person had an in and out ledger of any transactions and receipts were kept for each transaction. Finances were discussed as part of people's reviews, which meant family members were kept informed of people's financial situation. Staff completed balance checks twice a day and we saw that the monthly reconciliation reviewed transactions, receipts and provided an explanation for any discrepancies. The monthly audits were sent to the provider to be reviewed and if people's money was manged by the provider, they were given an easy read bank statement.

The service had a safeguarding policy which provided information on what safeguarding was, how to respond and who to inform. The policy was under review at the time of the inspection. The service also had lone working and whistleblowing policies which staff were aware of. We saw evidence of a contingency plan in place if there was an emergency, which meant the service could provide uninterrupted care to the people using the service. The service had an evacuation plan in the event of a fire and each person had a Personal Emergency Evacuation Plan (PEEP). The home had been fire risk assessed by an external agency in March 2016. We saw evidence of fire drills and the fire system had been checked by an external agency in the last year. The service undertook weekly and monthly health and safety checks. There was an up to date gas safety certificate and legionella testing carried out. Fridge, freezer and water temperatures were checked

appropriately.

The service recorded all incidents and accidents in both the person's file for staff information and electronically for management to track and analyse. The forms recorded the incident, the action taken, who it was reported to and if it required investigation. Further actions to prevent future occurrences were noted and identified a lead member of staff to implement any changes to reduce the likelihood of further harm.

We observed there were enough staff to meet people's needs on the day of the inspection. The deputy manager told us staffing was determined by people's needs, for example if people required one to one support or if there was an outing that required extra staff to support people with personal care. At the time of the inspection, the service was recruiting to five support worker posts. Interviews were ongoing and two new support workers had recently been appointed. In the interim, the service was using two regular agency staff who knew the people using the service and bank staff employed by the provider. The deputy manager told us agency staff also completed an induction. This provided continuity and meant people were being cared for by support workers who knew them and their routines. Relatives told us they thought there was enough staff but noted in the recent past it had been "dire". However, they also said they thought the permanent staff had been able to maintain a good level of care. The service followed safe recruitment procedures to ensure staff were suitable to work with people who used the service. We saw evidence from the provider that support workers had two references, Disclosure and Barring Service (DBS) checks, proof of identity and where required proof of permission to work.

Medicines were stored and managed in a safe way. There was a signed signature sheet for staff who administered medicines. Medicines were checked daily, including PRN (as required) medicines. Each person had a photo and information on what medicines they took and the side effects, PRN guidelines and how they liked to receive their medicines was recorded. For example, one person liked jam with their medicines and they were informed the medicine was being administered in the jam. Care plans indicated people needed to consent to taking medicines and explained people could refuse to take medicines. Medicine Administration Records (MAR) were appropriately signed and showed people received their medicines as prescribed. There were information booklets on the administration of specific medicines. Medicines were stored securely and disposed of appropriately. The samples of stock we counted were accurate and could be reconciled with the records of administration. This reassured us people were receiving their medicines as prescribed. We saw a weekly medicines audit by a senior support worker and a monthly audit by the deputy manager, to identify any discrepancies in the management of medicines.

Good

Our findings

Relatives of people who used the service told us they thought the staff were "very nice", "respectful" and "caring." We saw that the staff had a good knowledge of how to support people and that they were supported to expand their skills through inductions and supervisions. One of the support workers we spoke with was new to the service and confirmed they had received training and supervision and we saw that their induction booklet was developed to reflect the Skills for Care, care certificate. New support workers also shadowed more experienced members of staff and undertook on line training. The training was recorded electronically on a dashboard which showed when training was due. The provider monitored and booked people on training.

The staff did not always have regular individual supervision meetings but of the six files we reviewed, everybody had received supervision within the last year. The deputy manager explained that due to a number of staff, including the manager, leaving the service, it had been difficult to maintain supervisions on a regular basis. However, as a new manager had been appointed and recruitment was currently on going, their expectation was that supervisions would become more regular again. Support workers we spoke with found supervisions useful and said, "I talk about how to develop myself and if I have any problems I can tell them. We discuss polices." The files we viewed did not have appraisals for 2016. This meant staff did not have the formal opportunity to reflect on their strengths, areas for improvement or to set goals for the following year. However, after the inspection, the service manager advised us that that since the new manager had started, they had met with all the staff for one to one supervisions and had scheduled appraisals to be completed by December 2016.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care services and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. We saw evidence that the service had made appropriate DoLS applications and had recorded the date of application and assessment. The support workers we spoke with were able to explain the principles around choice and consent and told us, "We have to give them choice. Residents can choose.

For (person) who is nonverbal, we can see by eye contact or if he is happy he laughs. They choose what to wear in the morning." A relative told us, "She knows what she wants and they let her do what she wants to do." We observed staff asking people what they would like to wear or eat and gaining consent.

Food was freshly prepared each day. One of the people using the service helped plan a menu for the week. As there were only three people in the home, staff were aware from previous experience what people liked to eat and menus were formed around that. People could indicate at any time they wanted to food or drink and would be supported to access it. One person said they helped staff to cook different foods, they had a choice of what to eat and the food was good. We observed during the inspection people helping staff to bake. Staff told us, "We have menus but it is a lot about asking and seeing how (people) react." Staff were able to give a good account of people's individual dietary needs. People's dietary needs and preferences were recorded in their care plans and files contained guidelines for foods people could eat to maintain appropriate nutrition and diet. Staff had signed and dated them.

People who used the service were supported to maintain good health and we saw from the files a number of health professionals, including the GP and occupational therapist supported people in the service. A medical professional we spoke with told us "(People) always attend with a keyworker, we give information and as far as I'm aware they follow through." Relatives we spoke with also felt the service was effective in maintaining people's health. People had easy read health profiles and hospital passports. A GP we spoke with confirmed people attended the surgery for yearly health check-ups.

The environment was clean and the deputy manager showed us evidence to indicate the service planned to redecorate in November 2016. Outside, the garden was flat and paved so it was accessible to people with mobility needs. At the inspection, the garden was tidy, however, a relative we spoke with said that for much of the summer it had not be kept tidy and it appeared staff were expected to maintain its upkeep.

Good

Our findings

People who used the service told us, "It's good. They look after me." One person said staff talked to them and if they were worried about something, they could tell staff. Not everyone who used the service was able to provide us with feedback, and relatives we spoke with told us, "He's very happy there. I have no concerns about his care or safety" and "She is always happy and smiling."

The relatives we spoke with told us they were welcome to visit the service and we were told one person was supported to keep their family up to date with their activities through their Facebook page.

We observed staff interaction with people was kind and caring. We saw people being given choices and support workers listening to what people said. We heard people laughing and joking with the staff and saw people were happy, smiling, enjoying music and communicating well with support workers. One staff member told us, "The best thing is everybody is encouraged to have a person centred approach and everything is centred around the service user. We try to make them happy and make sure they don't feel isolated and feel a part of the family."

As not all people at the service communicated through language, we saw staff taking cues from people about what they wanted through facial expression, eye contact and pointing. For example, one person was able to indicate, through looking at staff and moving their head, that they preferred support with lunch from another staff member. Staff responded to this and changed the person supporting them. Staff told us, "Because here, people don't all speak, it's about emotions, body language, eye contact."

Staff promoted people's independence and commented, "It's about observation, encouragement and planning" and "We try to make it fun, so not instructing them but encouraging them."

People's privacy and dignity was respected. Staff knocked on doors before entering people's rooms and we saw doors were closed when people were being supported to dress. Staff told us, "Privacy is most important to look after modesty. Talk to people and ask permission. Tell them what you are doing."

No one at the service used an advocacy service but we saw all three people had support from family members and staff said they would be able to signpost to formal advocacy services.

Good

Our findings

People using the service, relatives and staff confirmed that people, and their families, were involved in planning their care. We looked at three people's files to see if individual needs and preferences were met. Files contained overview assessments from the local authority and we saw a pre assessment form for the person who most recently moved in. The form included background information, medical and communication needs, how people made decisions, daily routines and what support they required with day to day activities.

Care plans were comprehensive and each file had a summary sheet so anyone supporting the person had the relevant information on how to provide support for each individual person. For example, one file noted, "I can make choices and decisions if everything is explained clearly to me including implications." The summary explained people's interests, such as football or cooking, and their food preferences. Staff members initialled and dated the back of the sheet to indicate they had read it. Care plans included information about what was important to people, who was in their support network, the best way to communicate with people and how they made decisions. One person's file had a detailed communication chart that recorded how the person responded in different situations, what it meant and what they would like staff to do. They also had a communication booklet of likes, dislikes and how they communicated it, which was signed by staff. Each section of the care plan included an action plan. We saw the action plan in one person's review was to redecorate their room and the deputy manager showed us this was included in the plans for various parts of the home to be redecorated. Additionally the file included guidelines for different tasks, such as morning and night routines, how to use specific pieces of equipment and eating and drinking. A support worker observed, "I like to read through more than one support plan (for the same person) because people's needs will change and I can see how needs vary with time." Care plans provided staff with guidance on how to meet individual needs.

We saw person centred monthly summaries completed with easy read pictures. The summaries included activities people had attended, who with and how they responded to their activities. They also noted what progress had been made and what was still required. The summaries included a section which indicated what the person had enjoyed that month and any concerns raised, when the risk assessments were last updated, a health action plan, a health and safety inspection of the person's room and a financial reconciliation. One person's family received a copy of the monthly summaries at their request.

Reviews were completed six monthly with the person using the service. One person told us they were able to say what they wanted to say at their last review. Families confirmed they were invited to reviews and one

relative said if they did not attend the review, the service sent them a copy of it, so they were kept up to date. The reviews we saw were up to date and included the views of the people using the service and their relatives of what was and was not working. Reviews were in easy read format with action plans which were reflected in the care plans.

Monthly file audits were completed by keyworkers but as the service was still trying to recruit permanent staff, the audits were not consistent across the files. The deputy manager told us people had regular monthly key working sessions but these were not always recorded.

Each person had a daily log completed in the morning and evening which covered practical tasks such as eating, personal care and appointments but also indicated what activities people did and recorded their emotional and social wellbeing. One daily logged noted the person "likes a good joke." Waking night staff completed a log of any activities during the night. We saw records kept of meetings with other professionals. Medical records included what was discussed, if medicines were prescribed what the side effects were and if a review was required.

People using the service attended external groups, community events and did activities within the home. One person told us they were very pleased staff had recently supported them to go to a club until late. We saw in another person's file, staff had applied for a football season ticket for the person. Staff said they felt there were enough activities and noted in particular people enjoyed music, therefore people were supported to go to club nights, participate in a weekly choir and attend a church where there was a lot of music. Additionally they had day trips, which they acknowledged had been less frequently recently as they tried to recruit staff able to drive. A relative told us "The issue is they don't have enough drivers, but he still does get out and about" and "under the circumstances they have done pretty well with (activities) but it could be better." Activities included cooking sessions, choir, hydrotherapy, music therapy and dinner out. We saw in the files that people had not been on holiday since 2015 and a relative said staff shortages contributed to this. The lack of permanent staff had some impact on people using the service as, for example, they could not go on holiday but they were still able to take part in community and home activities and the service was addressing the staffing issue by recruiting more staff.

There was an appropriate complaints procedure which included an easy read format. There had been no recent complaints but we saw information displayed on how to make a complaint. If a complaint was made, it was recorded electronically so managers could review and analyse them. The relatives we spoke with said they knew how to make a complaint but for the most part spoke to the service manager rather than making a formal complaint.

Good

Our findings

The registered manager left the service in September 2016. The provider had since appointed another manager. This person already worked for the provider and had applied to the Care Quality Commission to become the registered manager. The provider told us that they had found it challenging to recruit new staff. For example, they had conducted several interviews for support workers but had successfully appointed only two candidates. This left the service with vacant staff posts. However, staff told us that despite this, they were still able to provide a caring service to people and to make sure they attended appointments.

Staff and relatives told us if they had a concern they could speak to the deputy manager or the service manager who line managed the managers for several Support for Living homes.

The provider undertook an annual survey and we saw that in 2015 the majority of people were satisfied with the service they received. As the survey was for all the providers' locations, there was not specific information on the 62 Rosemont Road service. However, relatives confirmed that they were involved in care planning and were able to speak directly to the management about any concerns. We saw evidence of the service trying to involve people and their families. For example, as it was a small home, before a new person moved in, it was discussed with the other residents and their families. Staff also told us, relatives had been invited to sit on the interview panel for staff recruitment.

The service kept up to date with current best practice and legislation through service managers attending locality meetings and the information being disseminated to staff. In addition to on line training people attended classroom training with the provider.

There was a lack of team meetings which could provide the staff with opportunities to be involved in providing feedback and contributing to how the service was run. However, after the inspection, the service manager informed us, the new manager had begun to schedule team meetings.

The service had a good working relationship with other professionals that contributed to them being able to meet people's individual needs. We saw evidence of involvement with GPs, the community team for people with learning disabilities, the speech and language team, psychologist and the Department of Work and Pensions.

The provider had systems to monitor the quality of service delivered and we saw a number of checklists and audits to monitor both the environment and how the needs of the people using the service were being met.

The provider had both a weekly and a lengthier monthly health and safety audit that looked at a broad range of areas from staff training to the environment and maintenance. There was also a general risk assessment for the working environment with an action plan to minimise risk. The internal quality team completed a yearly audit and we saw an action plan in response to the audit completed in August 2016 to make the suggested improvements to the service.

The service had an electronic system to track incidents and accidents, complaints and notifications to the local authority and the Care Quality Commission. The monthly health and safety audit was recorded on the system with an action plan and sent to the service manager to review. The system tracked the files of people who used the service to ensure care plans, risk assessments and reviews were up to date. Dates for key working sessions were recorded monthly but the minutes were not always recorded. There was also a record of goals achieved. Recording outcomes and the action required meant there was a comprehensive overview of how the service was run and if it was meeting the needs of the people who used it.