

Mr Savvas Michael

# Person Centred Care Homes Supported Living

## Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	<b>Requires Improvement</b> ●
Is the service effective?	<b>Good</b> ●
Is the service caring?	<b>Good</b> ●
Is the service responsive?	<b>Good</b> ●
Is the service well-led?	<b>Good</b> ●

# Summary of findings

## Overall summary

This announced inspection took place on 4 and 17 January 2019.

Person Centred Care Homes Supported Living is a supported living service. It provides care and support to adults with learning disabilities and autism living in their own flats within a purpose-built 'supported living' scheme, so that they can live in their own homes as independently as possible. People's care and housing are provided under separate contractual agreements. The Care Quality Commission (CQC) does not regulate premises used for supported living, and so this announced inspection looked at people's personal care and support.

CQC only inspects the service being received by people provided with 'personal care', meaning help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. There were eight people using the service in this respect.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At our last inspection in May 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good. However, we found people's medicine administration records were not always accurately maintained. Where people had medicines prescribed only-as-needed, we found there was often no associated guidance for staff on when the medicine was to be offered. These factors put people at risk of not receiving their medicines as prescribed and therefore of receiving an unsafe service. The management team provided a prompt action plan addressing these matters. We have therefore made a recommendation around safe medicines support.

People using the service had complex needs which meant we could not easily obtain their views. However, there was much evidence available which demonstrated that the service had supported them to move into the scheme successfully and was providing them with individualised care that was meeting their needs. People's relatives praised the service. "It's a very good service," was a typical comment. There was also positive feedback from involved community professionals, one describing the service as excellent. We found the service worked in partnership with community professionals and people's relatives.

People's needs and choices had been comprehensively assessed, so that care and support could be delivered in line with standards to achieve effective outcomes. There was a significant focus on how people communicated, their interests and routines, and exploration of any behaviours that challenged services. The information was acquired through meeting the person and any representatives such as relatives, social workers and other care providers. This helped to set up a tailor-made service for each person moving into the scheme.

We found people received personalised care and support that was responsive to their needs and routines. The service empowered people and their relatives to express their views and make decisions about their care and support. Concerns and suggestions were listened to and acted on.

Staff received training and support to meet people's individual needs. The registered manager worked closely with staff as part of this process. We found staff were aware of people's specific needs and preferences, and how to respond appropriately.

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.

The service ensured people's privacy and dignity was respected and promoted. There were positive relationships between people and members of staff. People's autonomy and independence was valued. The service supported people to maintain relationships that mattered to them and to follow their interests.

The service provided support for people to maintain good health and to eat a diet which reflected their nutritional needs and cultural backgrounds. The service protected people through infection control procedures.

There were enough staff working at the service to keep people safe and meet their needs. Records showed the service operated safe staff recruitment practices.

Risks were identified and minimised in respect of each person's care and support. Where incidents occurred, they were reviewed to see what could be learnt about how to holistically work with that person to achieve better outcomes for them.

The registered manager was well informed about the service and had a hands-on approach to it. The service promoted a positive and inclusive culture that aimed to achieve good outcomes for people.

## 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 has deteriorated to requires improvement because people did not consistently receive safe medicines support. However, the service was implementing prompt action plans to address this.

**Requires Improvement** ●

### 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** ●

# Person Centred Care Homes Supported Living

## **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 was planned to check 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.

This was a comprehensive inspection which took place on 4 and 17 January 2019. It was conducted by one adult social care inspector. We gave the service 48 hours' notice of the inspection visit because of its small size and to ensure members of the management team would be available to assist the process. The second day of visiting took place to meet the registered manager, who was on leave on the first day.

The provider completed a Provider Information Return (PIR) in advance of the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Before the inspection, we checked for any notifications made to us by the provider and the information we held on our database about the service and provider. Statutory notifications are pieces of information about important events which took place at the service, such as safeguarding incidents, which the provider is required to send to us by law.

Site visit activity took place on both inspection days, including visits to the supported living scheme. There were eight people receiving a personal care service in their flats at the supported living scheme. Their complex needs meant we could not easily obtain their views. We spoke with four people's relatives, two community professionals, four support workers, a senior support worker, a deputy manager, the operations director, the registered manager and the provider. We also observed support being provided to people in communal areas of the scheme.

We looked at care and medicines records of four people using the service, the personnel files of four staff, and management records such as the staff training matrix and staffing rosters. In-between and following our visits, the management team sent us some further information relating to our findings.

# Is the service safe?

## Our findings

The service supported the safe storage of people's medicines, helped to ensure they did not run out of prescribed medicines and acquired changed medicines in line with prescriber's instructions. There were recorded checks of staff competency to provide people with support for their medicines.

However, we found gaps in the medicine administration records (MAR) of two of the four people we checked on. When raised with the management team for investigation, they could provide explanations of why some of these gaps had occurred, including one person being away with relatives and staff then signing on the wrong dates. However, they could not provide any evidence that the concerns relating to these gaps had been identified by them or the service's staff. Prompt identification of a MAR gap can reduce the risk of the person not receiving medicines as prescribed and helps to keep the MAR accurate.

Some people's MAR showed they had medicines prescribed only-as-needed (PRN), such as for treatment of pain or diarrhoea. We found there was often no associated guidance in the person's medicines file or care plan on circumstances for when the medicine was to be offered. This meant staff had no clear record of what each such medicine was for. This put people at risk of not being offered the medicines as prescribed. In one such case, staff had signed to show administrations of a short-term anti-sickness medicine. However, the person's care records for those administrations did not show they had been vomiting. This indicated the service had not supported the person to receive that medicine as prescribed.

We found the service's medicines policy did not cover PRN medicines. The management team sent us a revised policy in-between our visits to rectify this.

We found there were seldom records of when liquid medicines were opened, by which to ensure they were not past a practical use-by date. There was also no clear record of when and how much of each person's medicines the service was looking after, by which to ensure appropriate stock control and enable effective medicines audits to occur.

In response to the concerns we identified around medicines, the registered manager showed us newly implemented guidelines for people's PRN medicines. They said they would be implementing documented medicines audits and for staff to check people's medicines had been given as prescribed at every change of staff. We received an action plan elaborating on this, including weekly and monthly medicines audit forms, the day after our second visit. The following day, we received a copy of the first such audit, which identified a few areas for improvement along with confirmation of safe and good practice in many areas.

We recommend the service consider implementing relevant national guidelines on the safe management of people's medicines in supported living settings.

People's relatives told us staff understood safety concerns relating to their family members. Staff could tell us of risks relating to people's safety and how they addressed that. For example, one person went for walks locally, but staff supported them to avoid noisy and crowded areas due to identified risks for that person.

This matched what the management team told us and what we saw in people's care files. People's individual risk assessments identified and aimed to address safety matters relevant to their care. This included, for example, road safety, choking, the person's flat, communication and behaviours that challenged the service.

People's representatives told us the service supported people with cleanliness. For example, one relative said, "It's really clean and hygienic" when they visited their family member. A staff member said the service "is kept clean and hygienic to prevent any risk of infection." Another staff member told us the registered manager regularly checked on standards of cleanliness.

The registered manager told us of liaising with one person's relatives on how to lower the risk of skin infections. This had resulted in colour-coded wash items for different areas of the body being bought, which had helped the person's skin conditions to improve. The scheme had supplies of Personal Protective Equipment (PPE) for staff use. We saw staff using PPE, for example, wearing disposable gloves when helping someone to take medicines. This helped to minimise the risk of cross-infection.

There were enough staff working at the service to keep people safe and meet their needs. People's representatives confirmed there were always enough staff working. We found the service's staffing schedule provided most people with the staffing continuity that helped keep them safe and enabled their needs to be understood. Where additional staffing was needed, the provider's team of as-needed 'casual' staff were used.

Records showed the service operated safe staff recruitment practices, to help ensure staff were of good character. Where some staff were supplied from a recruitment agency initially, records showed the service still interviewed them, checked the references acquired through their agency and ensured they had a clear current Disclosure and Barring Service (DBS) certificate. These are checks of police records and a list of people legally recorded as unsafe to provide care to adults.

There were safeguarding procedures in place at the service to help keep people safe. Records showed staff received training on how to recognise and report incidents of potential abuse. Staff knew what constituted abuse and could tell us of procedures to follow if they were required to report any concerns. One staff member told us the work could involve people's behaviours that challenged the service. They said, "We do not respond," but that they worked with the person to try to understand what was causing the behaviour. The registered manager was aware of her responsibilities in relation to safeguarding procedures.

A community professional informed us that the service had a good record of reducing incidents of behaviours from people that challenged the service and that such incidents had been well managed. People's relatives fed back positively on how the service worked with their family member in relation to minimising and handling any such behaviours.

The management team told us they reviewed incident records so that learning points could be established and communicated to staff, which the registered manager explained she did directly with the staff involved for the person. For example, where someone tended to throw items, they reduced the availability of items that posed dangers or broke easily. Larger objects such as televisions had been boxed so they could not be moved.

The management team told us people's incident records were also reviewed at meetings involving community professionals such as social workers and psychologists. This helped to provide further insight into what could be learnt about how to holistically work with that person to achieve better outcomes for



them.

## Is the service effective?

### Our findings

People's representatives praised the service provided. One relative said their family member was "happy to come back" to the scheme after visiting them. Another told us, "They're a godsend" and that their family member had "really settled there." A third said they now had "peace of mind" about their family member being looked after well.

The service assessed people's needs and choices so that care and support was delivered in line with standards to achieve effective outcomes. Pre-admission assessments were comprehensive and provided the service with enough information to decide whether they could meet the person's needs. There was a significant focus on how people communicated, their interests and preferences, and exploration of any behaviours that challenged services. The information was acquired through meeting the person and any representatives such as relatives, social workers and other care providers. Local authority assessments of the person's needs supplemented this process. We saw that detailed care plans were set up from this.

Community professionals told us communication with the service's staff and management team worked well. One praised the staff team for working "with great skill and sensitivity" to support people to move into the scheme. The management team told us of co-operative working with other care providers to enable people to move into the scheme at a pace that suited them. For example, this meant key staff visiting one person in a coastal residential school for a few days, to learn about the person's needs, preferences and routines, along with starting to develop the person's trust. Some people had visited the scheme for short periods and overnight stays before moving in permanently. A relative confirmed the service worked well with their family member to help them move into the scheme when ready. They told us, "It wasn't rushed." Two relatives were also pleased that familiar staff from the provider's day care service worked with their family members at the scheme initially.

The management team told us of liaising with key professionals in support of enabling some health services to visit people in their flats. This was due to the difficulties those people experienced going into unfamiliar healthcare premises or with meeting healthcare practitioners. The person could feel more secure in their own familiar environment.

The service provided support for people to maintain good health. People's relatives told us health appointments were never missed. Staff told us of supporting some people with regular walks, to help them exercise as per agreed care plans. Relatives and records confirmed this occurred, one relative saying that their family member was now willing to walk further following encouragement. Records showed some people were losing weight as planned.

A staff member told us one person no longer had skin care concerns since starting to use the service, as they received daily support for that concern. They said this also meant the person was no longer experiencing pain related to the condition. Our checks confirmed this improvement in the person's welfare since using the service.

The service could not always provide us with clear records of when people had received healthcare professional advice. The management team explained that people's relatives sometimes liaised with healthcare professionals and so the service then relied on the relative informing them of the advice. They sent us an action plan following the inspection visits, to ensure better records of any such advice. This would help to make sure the service followed the healthcare professional advice and enable the service to hold better oversight of each person's health and welfare.

The service supported people to maintain a nutritious and balanced diet which reflected their individual nutritional needs and cultural background. A food diary was being kept for one person at the request of their dietitian. The management team told us the person had accepted minor changes to their diet, such as from full to semi-skimmed milk. Another person had a varied weekly meal-planner in place, to provide a nutritious vegetarian diet that was in line with their cultural upbringing. The registered manager told us of the importance at making sure staff could cook well. Therefore, for example, this person's menu plan included guidance on how to cook the meals along with how the person could help. The plan also guided on specific ways to make the meal healthier without compromising too much on what the person liked to eat. Staff told us of supporting people to eat healthily where possible. People's care plans provided individual guidance various aspects of nutrition and hydration.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Where the service was restricting the liberty of anyone, records showed the service was pursuing an application via the local authority to the Court of Protection. This was in line with MCA principles.

Staff and managers had a working knowledge of the MCA and applied it appropriately. Staff we spoke with understood how different people refused consent for support in practice. They told us this was respected, but patient encouragement was provided for welfare matters such as personal care. People's care plans showed how people communicated agreement or refusal. There was also evidence of the involvement of appropriate representatives such as relatives and community professionals who supported them with important decisions around care and finances.

Staff received training and support to meet people's needs. Staff told us of good training and support to do their jobs effectively. One staff member explained that the management team went through "everything" for their induction and "really supported us" before they worked alone with anyone using the service. Another spoke of "shadowing with experienced support workers before any shift was allocated to me." The management team confirmed this approach. The focus was on the routines, communication preferences and behavioural guidelines of people using the service. The registered manager told us the shadowing process continued until she was confident the staff member understood what the person's needs were.

Staff completed a mixture of classroom and online courses. This included a two-day classroom course that particularly promoted de-escalation strategies and positive relationships with people using the service. The service's staff training matrix showed courses that were incomplete for some staff. Following our visits, the management team informed us of a deadline of the end of the month for completion of all the courses.

## Is the service caring?

### Our findings

Everyone's relatives told us people were supported by caring staff. Comments included, "Can't say anything bad about any staff, they're patient and have never heard anyone shout", "It's really good care" and "The staff are very nice."

During our visits to the scheme, staff interacted with people in a warm and friendly manner. Staff reported this was because of the training and guidance they received. One staff member said everyone treated people using the service "with dignity and respect and spent time with them, developing trusting relationships."

The service ensured people's privacy and dignity was respected and promoted. People's relatives told us this was the case. One relative said, "They know if he needs the toilet and they direct him for hygiene." Another told us, "The only thing we didn't like was staff walking in without knocking, but managers addressed that." A community professional and people's relatives confirmed that the service supported people with their appearance. One relative said, "They keep him clean and fresh."

People's autonomy and independence was valued at the service. For example, some people were being supported to develop skills such as for helping to make their meals. One person's relative told us that since moving into the scheme, their family member was "more in control of his world." A staff member told us of encouraging the "independence and choice of the service users."

The service supported people to develop and maintain relationships that mattered to them. People's care plans included specific sections on who people liked to stay in contact with and how. People were supported to visit and receive visits from family members. Their relatives told us of good contact from the service and of the service working together with them in support of their family member's welfare. Comments included, "They keep us informed." One relative told us the service kept records of the care and support provided so that they could read what had happened.

Staff and the registered manager gave us examples of the different ways people using the service communicated in practice about the support they did or did not want. People's care plans provided staff with guidance on this, based on needs assessments and feedback from people's relatives about their routines and preferences.

People's relatives were invited to attend regular review meetings with the service and local authority representatives. These meetings checked on how well the service was adapting to the person's needs and choices. One relative told us they had been liaised with for goals the service intended for their family member. Staff knew the importance of involving people and their relatives. One staff member spoke of "engaging the families and representatives of the service users in every care provided to their loved ones." The registered manager told us how important it was to communicate with people's families and "do what we say we'll do."

## Is the service responsive?

### Our findings

The service enabled people to receive personalised care that was responsive to their needs. A recent online review of the service rated the service highly and stated that this was because all staff understood and supported their family member's daily routine. This was reiterated by relatives we spoke with. One relative told us of their family member's specific routines and that "staff have to understand that. They're not allowed to be with him [alone] until they have this knowledge. [The registered manager] is very strict on that." They added that their family member was now much calmer and their self-harming had stopped since moving into the scheme. They also said that the building had more space and better sound-proofing which suited their family member.

Another relative told us the service initially "followed my routines" with their family member before the service's staff took over when the routines were understood. Another relative told us staff tried to find out what was causing their family member anxiety. Proactive steps were taken to stop anxiety being caused, for example by making sure the person had replacement items when needed. A staff member explained, "Each package is tailored to fit the needs of each individual and as such we are given hands-on training that enables us to address these needs to the best of our ability."

The service supported the communication needs of people with a disability or sensory impairment. Good communication is key to reducing feelings of frustration of not being understood. One person had numerous white boards on which they recorded their plans for the week. Their relatives told us staff were trained on ensuring they understood the importance of these communications and supported the person's particular routines arising from these. Another person had a selection of cards by which to facilitate communication and choices. We saw staff using key phrases and responses that a third person communicated well with.

The management team showed us a recruitment advert for staff who spoke one person's first language, as it was identified they responded better to that language. There was ongoing use of specific photos for this person, to help them understand what would be happening that day such as family members visiting or that transport for their day care service would soon be arriving.

Staff were aware of people's specific needs and preferences and how to respond appropriately. For example, one staff member told us of what the person they were supporting liked to do and how they communicated non-verbally if they were happy or not. They also gave examples of key words the person responded to. They were aware of people's routines and how changes could upset them, for example by having lunch late. Another staff member said, "Service users are treated with a person-centred approach which allows them to lead an independent life."

Records and relatives' feedback showed that the service supported people to follow their interests. People's routines were arranged around their interests. One relative told us they were pleased the service had enabled their family member to go out more and to places their family member liked. Many people attended day care services. A staff member told us of "giving them the choice to watch their own programs

and play their choice of games in their chosen languages."

People's care plans contained specific information about their needs and preferences. They were based on information gathered during initial assessments from before and just after starting to use the service. The plans guided staff on what the person could do themselves and what support the person needed. The care plans paid attention to the individual ways in which people gave and received communication, their physical and personal care needs, cultural matters, and their likes and dislikes. There was also detailed information on what may cause behaviours that challenge the service, along with appropriate staff responses. Care plans also recognised people's skills and made plans for further development.

The service listened and responded to people's concerns and complaints and used this to improve the quality of care. People's representatives knew how to complain if they were not happy and felt that appropriate action was taken about any concerns raised. One relative had some suggestions for improvements, but said, "They do look at ways to help him." The management team had told us of trying to make the suggested improvements before we spoke with the relative.

The management team informed us there had been no complaints about the service in the last eighteen months, which matched what people's representatives told us. They encouraged anyone with concerns about the service to speak with them directly, from which they could make service adjustments as needed.

## Is the service well-led?

### Our findings

This service changed significantly in the summer of 2019, as it started providing a care service to people at a purpose-built new supported living scheme. It was therefore providing a service to many more people, all of whom had complex needs. In conjunction with the local authority and people's relatives, the service supported all these people to move into the scheme. The management team could demonstrate that this had been well-managed overall, as the service was supporting people to improve their quality of life.

The scheme was near people's families and community facilities such as shops, healthcare facilities and day care services. The care set-up also enabled people to live more independently and with a service that matched their specific needs better. It had therefore been developed and designed in line with the values that underpin Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The management team told us the service was coming out of the "project mode" of the last six months, of setting up and developing individual care services for everyone. Some formal management systems were therefore about to be implemented, such as staff developmental supervisions, team meetings, and quality audits. There had instead been close working with staff to ensure they understood people's specific needs and routines, with a senior staff member always present at the scheme and the registered manager spending a lot of time there. Staff were also informed of updates on the service through a confidential online portal.

The management team engaged well with us during the inspection, openly discussing what they had already identified for improvement and taking on board our comments. They also supplied a detailed action plan shortly after our second visit, to address concerns we had identified. This helped to demonstrate the service worked in partnership with other agencies to support care provision and development, and therefore that the service was well-led.

The service's manager had been registered with CQC in that role for almost three years. 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.

Feedback and our observations showed the registered manager was well known by everyone. They and other members of the management team such as the operations manager were well informed about the service, for example different people's care needs and routines. This helped to indicate good management oversight of the service.

People's representatives praised the service's management. One relative said, "There's approachable managers, any problems get sorted out." Another told us the management of the service deserved "A+ for effort." A third told us managers were "easy to get in touch with."

The service promoted a positive and inclusive culture that aimed to achieve good outcomes for people. Staff told us of good support from the management team. One staff member told us the registered manager checked on things and suggested improvements. Staff also said there was good team work. A newer staff member told us, "Here they are very friendly and willing to help." All staff we spoke with said they would recommend this service to family and friends looking for a care service.

The provider engaged with and involved stakeholders in the development of the service. The management team told us they planned to survey the views of people and their representatives in June 2019. This would be to check on perceptions of service quality and so help develop the service. Views were currently being considered informally, such as through direct feedback to the registered manager and through individual placement review meetings.