Support for Living Limited

Oaklands Road

Inspection report

82 Oaklands Road
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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 15 November 2016 and was unannounced. The previous inspection took place on 6 June 2014 at which time four of the five assessed standards were being met. However, it was found that the provider did not operate effective systems to regularly assess and monitor the quality of the service and to identify, assess and manage risks relating to the health, welfare and the safety of people. During the 15 November 2016 inspection, we saw the service had improved how they monitored the quality of service delivery regarding people's health, welfare and their safety.

82 Oaklands Road is a supported living service that provides care to three people with a learning disability. 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. At the time of our inspection there were three people living at the service. All three people had lived at the service for over ten years.

The registered manager had been in their role since 2013 and had recently returned from extended leave. 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.

We saw 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 service checks carried out to ensure the environment was safe. Medicines were administered and stored safely.

Supervisions and appraisals were up to date to develop staff members' skills to enable them to carry out their duties effectively.

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 aware of of people's individual needs and preferences.

An appropriate complaints procedure was available

The service had systems in place to monitor how effectively the service was run to ensure people's needs

were being met.

Relatives and staff indicated they could speak to the registered 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.

Supervisions and appraisals were 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 using 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. Staff and relatives said they would speak with the registered manager about concerns they had.

Is the service well-led?

Good

The service was well led.

People who used the service, relatives and staff said the registered manager was approachable.

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

Oaklands 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 15 November 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 the last inspection report, 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 all three people who used the service and four staff members including the registered manager. Following the inspection, we received feedback from two relatives.

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

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

Good

Is the service safe?

Our findings

Relatives of the people using the service, told us, "Oh yes, (person) is safe. (Staff) are very good there. If anything crops up, they let me know."

Safeguarding adults was discussed in supervisions and team meetings. Staff members we spoke with had undertaken safeguarding training, were able to identify various types of abuse and knew how to respond. They said, "We have a (pathway) on the board and we report (safeguarding) to our manager and then (the community team for people with disabilities) and the Care Quality Commission."

Each person had individual risk assessments which included risks such as falling out of a window or travelling. Risk assessments highlighted the risk, the person's views and the action to be taken by who, how often, when and if training was required. There were measures in place to minimise identified risks and to keep people as safe as possible. All the risk assessments we saw were up to date, provided an action to be taken and were signed by staff.

The service had a finance policy and systems were in place for the safe management of people's monies. Monies were held in an account managed by an appointed finance officer from the provider and people received monthly bank statements. We saw receipts for purchases were kept and reconciled with people's individual records. The registered manager carried out monthly checks to ensure the correct procedures were being followed to manage people's money safely.

The home had been fire risk assessed by an external agency on 07 July 2016 and the recommendations followed through on. We saw evidence of monthly fire drills and a weekly fire alarm test. The service had evacuation plans for both day and night evacuation. We saw there was a good level of detail in each person's personal emergency evacuation plan (PEEP) to ensure they had the right support to help them evacuate the building in the event of a fire. The service undertook weekly and monthly health and safety checks which included checking fridge, freezer and water temperatures and we saw an up to date gas safety certificate. The registered manager also undertook a monthly check of the communal rooms and bedrooms.

Incident and accident forms were kept in each person's file and electronically for the registered manager to track. The forms recorded the incident, the action taken, who it was reported to and if it required investigation. Staff told us they completed the form, informed their manager and if necessary contacted the emergency services. The registered manager checked all incident and accident forms and if required passed the information onto other agencies, for example the local authority or the Care Quality Commission. Incidents and accidents were discussed at the locality meetings. The registered manager noted as there were only three people using the service there were very few accidents and they (the registered manager) had a good working knowledge of each individual's history and specific issues. This provided them with an overview which informed service delivery.

During our inspection we saw there were enough staff to meet the needs of the people using the service.

The registered manager advised there was one vacancy they were actively recruiting to. They also said a permanent member of staff was leaving but would continue to work flexible bank hours which would provide continuity for the people using the service. The registered manager managed three locations and they encouraged staff to work across locations and support each other. This limited the need for agency staff. The service used bank staff from within the provider or agency staff who had previously worked at the service. Permanent staff told us they took extra time for the handover if bank staff were working.

The service followed safe recruitment procedures to ensure staff were suitable to work with people using the service. There was evidence staff had two references, Disclosure and Barring Service (DBS) checks, proof of identity and any gaps in their employment had been explored.

We saw evidence that medicines were managed and administered safely. Each person's medicines administration record (MAR) had an information page which included allergies and their photo. We saw medicine profiles explaining how people liked their medicines to be administered and there was an easy read version of Your Medicines if required. We saw staff signatures for staff who administered medicines, that the keys for the medicines cabinet were held by the shift leader and that temperatures were recorded. Controlled drugs were kept in a locked tin in the locked medicine cabinet and the controlled drug book had two signatures. The stock we counted was correct and reconciled to the MAR charts. This reassured us people were receiving their medicines as prescribed. A stock count for PRN (as required) medicines was recorded on the MAR chart and PRN guidelines were signed by the GP in September 2016.

Medicines audits were completed monthly by the registered manager. The last audit in October 2016 recorded all stock and what action needed to be taken. The Clinical Commissioning Group (CCG) audited the service in January 2016 and found "Overall the management in the home is safe". They made two recommendations which we saw the service had followed through on.

Staff told us they had medicines training yearly, as confirmed by the training matrix, and when they finished their probation period, a manager observed how they administered medicines. They said, "If we have any doubts, we can ask for training" and "When someone gets new medicine we always ask the doctor about it and there are guidelines for PRN (as required medicines). "

Good

Is the service effective?

Our findings

Relatives of people who used the service said they considered the staff to be competent. The permanent staff had been with the service for a number of years and we observed that they had a good knowledge of how to support the people they cared for. Staff were supported to expand their skills through inductions, supervisions and appraisals. The registered manager told us the provider had a new induction pack that provided the new staff members with deadlines to complete competency exercises and gave the manager the opportunity to support new staff through supervision. It highlighted strengths and areas for improvement and included observations, on line training and shadowing other staff. Staff training was recorded electronically and monitored by the provider who booked people on training. Training the provider considered mandatory included adult safeguarding, medicines awareness, fire awareness, infection control and person centred care.

The registered manager told us supervisions were every six weeks but there was an "open door policy" if people wanted to discuss something in between supervisions. The registered manager said part of supervision was used to monitor staff performance. Support workers we spoke with said, "The manager asks me if I have any issues to discuss, how I want to progress and if there is any training I want to do. (We) can talk about clients, difficulties you face at work or organising something" and "They will ask me how I am, how I'm feeling, discuss the key client I am working with and what we can achieve." We saw evidence of annual appraisals that reviewed the both the positives and challenges of the past year and set out development plans for the coming year. This meant people were assisted to develop the skills required to support the people they provided care to.

Staff felt there was a good level communication within the team and if anything needed to be communicated, it was written in the message book which staff signed after they read it. Handovers between shifts also provided the opportunity to keep colleagues informed of people's needs and changes. Relatives said, "They seem to do very well. They give me lots of detail" and "They always communicate."

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. All three people using the service had DoLS authorisations. However, one was sent back to the local authority to be amended as it was not factually correct.

The support workers we spoke with were able to explain the principles around choice and consent and told us, "You are talking through with the client what you are going to do. I give them choices on what they want

to wear and I take out two or three clothes, and with their body language, you can tell what they want." A relative commented, "Oh yes (person) can choose what they want to eat and if they want to go out. They go by, more or less, what (person) wants."

The service involved people in making menu choices and food was freshly prepared daily. Staff we spoke with were knowledgeable about people's individual dietary needs. They told us, "(We) offer them a choice. When we prepare the menus, it's like a small house meeting. We can make suggestions and they can say "yes" or "no". It's about the body language if they look happy with what we offer." The people using the service had traditional English tastes and liked roasts and casseroles. The service tried to promote healthy eating by using some substitutes such as soya. The registered manager said that when people had their annual health checks, if there was a change in their diet, this was reflected in the menus.

People using the service engaged with a number of other professionals including the community team for people with learning disabilities, the GP, optician, podiatrist, occupational therapist and hospitals. This contributed to people maintaining good health and wellbeing. The speech and language team had made recommendations to support a person using the service, and we saw in the file this was followed up and recorded in the person's profile. A support worker said, "All the information professionals give us, we follow in the care plan."

Each person had easy read health profiles, action plans and hospital passports and were supported to have annual health checks. This meant healthcare professionals had the information they needed to meet people's individual health care needs. People had decision making charts for health that recorded who supported the person to make the decision and the date. Files also contained records of medical appointments with the reason, advice given and any changes to the person's medicines recorded. This was signed by the staff and the manager. Where required, people had monthly weight charts.

Good

Is the service caring?

Our findings

A person using the service told us, "I like it. You get your own way." A relative said, "They seem to be kind and caring. (Person) can't hold a long conversation but they seem to understand staff" and "I am happy with the staff, particularly (person's) key worker."

One person who communicated by indicating yes or no told us, they liked living at 82 Oaklands Road and enjoyed the day service they attended. They indicated they went out with staff and that they had friends they saw. When we asked if staff were nice, the person smiled broadly and indicated yes they were. The person showed us their bedroom and pointed out things that were important to them such as family photos and things they had made.

We observed staff interaction with people was kind and caring. We saw people being given choices and that staff were respectful. We observed staff greeting people in their bedrooms with bright and cheery conversation. Staff asked people how they were when they entered their room and closed the door when they were supporting people with personal care. We heard staff talking with people when they were supporting them and explaining what they were doing. A staff member said, "I like small services. We know each other so well and we bond with people. I think customers know who is coming (on shift)."

Not all people using the service communicated verbally, and staff told us they read people's support plans to know what people's needs were and how to meet them. Staff comments included, "Our customers don't talk. We have to keep an eye and we have to look for physical and mental health." They also said "We ask them what they would like to do today, so maybe they don't want to do an activity. (People) are nonverbal but you can give them choices and show them pictures", "(I) rely a lot on their body language and observe if it is okay that way or this way and (I) ask them. If they don't have to be somewhere (for an activity or appointment), I will ask when they want personal care" and "The best way is to ask them what they want."

A support worker told us they promoted people's choices and independence through small choices such as when people wanted to get up in the morning and what they wanted to eat. The staff member said they observed people's responses to know their likes and dislikes and also involved relatives. Another staff member said, "I encourage (person) to take their clothes and put them away, put dishes in the sink and if we go shopping I encourage them to pick things for themselves."

Residents' meetings were held weekly and included menu planning and discussing activities. The meetings were an opportunity to keep people informed of changes. The service used pictures, symbols and a communication board to ensure all people using the service had the opportunity to be included in day to day activities.

People using the service attended social clubs with their peers and were encouraged to attend events hosted by the provider organisation. Two people also attended day services. One of the people using the service liked male company and going for a drive. Therefore, sometimes the registered manager requested male bank staff who could drive which meant the person was able to participate in activities they enjoyed

and chose.

The service promoted contact with families and we saw they had made travel arrangements for people to visit their families and that families were welcomed to the service. Relatives told us, "What they do well is they make you feel welcome and they're pleased to see you and give you a lot of updates. They're very informative." Another relative said, "As far as we are concerned, staff are brilliant."

Good

Is the service responsive?

Our findings

We saw evidence that people using the service and their relatives were involved in planning people's care. People were present at care plan reviews and encouraged to make choices. We looked at three people's files to see if individual needs and preferences were met. People's files had a one page profile of what they liked and disliked. For example, one person's profile indicated they liked to be kept informed, attend church and go to a day service. The profile for each person provided information on areas such as how they communicated and what they like to eat. The last section provided information on how to support the person and we saw, for example, some people preferred staff to speak slowly and in short sentences. A relative observed, "They know (person's) likes and dislikes. When I see (person), I feel reassured."

Care plans were person centred and provided information on the person's background, their mental and physical health needs, their views, beliefs and who they maintained relationships with. We saw one person used photographs to communicate. The back of each photograph had written information for staff on how to provide support when the person pointed to a particular photograph. Other information included what was important to people using the service, how they made decisions and what activities they attended. People's independence was promoted and they were encouraged to choose menus, help prepare food and help tidy up.

Care plans had profiles for matching the person using the service with a member of staff who might have similar interests. Care plans were comprehensive and addressed various areas of the person's life including personal care, eating and drinking and medicines. The care plans provided clear guidelines for staff on how to support people and what their preferred routines were. Each section of the care plan recorded any action to be taken.

Reviews were held yearly and the service kept in contact with families through email. There was evidence that relatives and other relevant professionals were invited to people's reviews. Reviews recorded what had been achieved since the last review, what was important for the future and how the person was keeping healthy and safe. We saw evidence of the person's, their relatives' and other people's views of what was and was not working. This was followed up with an action plan.

A staff member said, "We try to be very person centred to meet individual needs. All three residents have been here 15 or 16 years. They have a file and it's like a guideline for us and we prepare a support plan. If (people) go to the day centre, we provide a profile so they can support them properly."

Each person had a monthly summary of what they had achieved that month. Key working sessions, incidents and accidents and their emotional and physical wellbeing were recorded. Key working goals from the previous month were discussed and goals were set for the following month. Some goals were around achieving independence, for example, the person making their own bed and some goals were practical such as buying something new. The summaries were signed and dated by the key worker. Additionally each person had a daily log completed in the morning and the evening. They recorded people's activities and diets. Sometimes they indicated people's moods. We saw evidence of monthly file audits completed by the

registered manager with actions for staff to follow up on.

We saw from the activity chart and from the files, people's activities included going to day services, out to lunch, to the cinema, social clubs, visiting with family and pampering manicures and foot spas. One person did puzzles and colouring to strengthen their arms and another person took books out from the library which staff read with them. We also saw that people had gone on holiday and had a one to one member of staff to support them.

The service had an appropriate complaints procedure. However, there had been no complaints in the last year. If a complaint was made, it would be recorded, the registered manager would review it with the service manager and a response would be made. The registered manager said the service tried to ensure people felt safe enough to make a complaint and they provided an easy read format. Staff told us they knew how to make a complaint. One staff member said a complaint they had made in the past had been resolved satisfactorily. We saw complaints forms were accessible in the communal hallway.

Good

Is the service well-led?

Our findings

Relatives and staff told us if they had a concern they could speak to the registered manager or service manager. Comments included, "If I had a complaint, I would speak to (the registered manager)" and "I would speak to the manager."

The provider undertook an annual survey and we saw that in 2015 the majority of people were satisfied with the service they received, although the survey was for all the providers' locations and therefore was not specific information on the 82 Oaklands Road service. However as it was a small service, direct communication with relatives was good.

The service kept informed of current best practice and legislation through the registered manager attending monthly meetings, peer support and information disseminated through the service manager and the provider organisation. The registered manager also received Care Quality Commission updates.

The service had three team meetings in 2016 and discussed topics that included medicines, incidents and accidents, budgeting and activities. This provided opportunities for the staff to be involved in providing feedback and contributing to how the service was run. We also saw minutes from weekly house meetings with people using the service which discussed menus, health and safety and house rules. The minutes recorded what was discussed and each individual's response.

The service 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 service had weekly health and safety checks and a monthly check of all rooms in the house. Other audits included medicines and finance. The service had an electronic system to track incidents and accidents, complaints and notifications to the local authority and the Care Quality Commission. Additionally, locality managers from other locations, visited the service, observed and provided verbal feedback. There was evidence the registered manager undertook a monthly audit of people's care files to ensure the needs of the people using the service were being met and we saw that where they had identified gaps, this was communicated to the person's key worker to resolve and followed up in supervision.