Support for Living Limited

Support for Living Limited - 32 Frays Avenue

Inspection report

32 Frays Avenue
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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

Overall summary

This inspection took place on 20 and 21November 2014 and was unannounced. At the last inspection on 20 and 24 June 2013 we found the service was meeting the regulations we looked at. 32 Frays Avenue is a care home which provides accommodation and care for up to three adults with a learning disability.

At the time of our visit there were three people using the service. The accommodation is laid out over two floors. Each person had their own bedroom and can access the communal facilities such as a lounge, dining room, kitchen and garden.

There was a registered manager in place. A registered manager is a person who has registered with the Care

Summary of findings

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.

People were protected from the risk of harm because all staff had undertaken training on safeguarding adults and were aware of and felt confident to raise any concerns they had about people that used the service. Risks to people's welfare and health and safety had been assessed and staff knew how to minimise and manage these to keep people safe from harm or injury.

There were sufficient staff on duty, with the right skills and knowledge to provide care and support to people safely.

Robust medicine management arrangements were in place and people were supported with their medicines by staff that had been trained to do so.

People were supported by staff that were skilled and experienced to meet their needs. Staff were trained, supervised and supported with their professional development.

CQC is required by law to monitor the implementation of the Mental Capacity Act (MCA) 2005 and the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process to make sure that people are only deprived of their liberty in a safe and least restrictive way, when it is in their best interests and there is no other way to look after them. The service met the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Where people did not have the capacity to consent to specific decisions the staff involved relatives and other professionals to ensure that decisions were made in the best interest of the person and their rights were respected.

People's nutritional needs were assessed and they were supported to eat food and drink that met their needs and preferences. People were supported to maintain good health and had access to healthcare services and support when required.

Relatives spoke positively about the staff and their kindness and compassion for the people they supported. People were treated with dignity and respect. People's needs were assessed and care was planned and delivered in line with their individual needs.

People were supported to maintain relationships with family and friends and other people that were important to them.

People had opportunities to engage in a range of activities that reflected their interests.

People and their relatives were able to feedback on the quality of the service and were confident to raise any concerns they had with the manager.

The service was well led by an experienced and approachable manager. The culture within the service was positive, open and inclusive. Staff had a good understanding of the organisation's vision and values and put these into practice.

The service had systems for obtaining the views of people and there were processes in place to respond to and investigate complaints. The service regularly reviewed their performance and where further improvements were identified appropriate actions were taken and followed up.

Summary of findings

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 was safe.

Safeguarding policies and procedures were in place and staff had a good understanding of how to recognise and report signs of abuse.

Risks were identified and steps were taken to minimise these without restricting people's individual choice and independence.

People received their prescribed medicines safely and at the times they needed them.

There were sufficient skilled and experienced staff to support people.

Good

Is the service effective?
The service was effective.

Staff were skilled and experienced to meet people's needs because they received appropriate training, supervision and appraisal.

The service was meeting the requirements of DoLS. Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and the DoLS.

People were supported to stay well, eat healthy and where additional support was required from other healthcare professionals this was arranged by staff.

Good

Is the service caring?
The service was caring.

Staff knew people well and had an excellent understanding of people's care and support needs. Staff respected people's diverse needs and ensured that care was provided using a person centred approach.

People and the people important to them were involved in making decisions about their care and were able to express their views.

Good

Is the service responsive?
The service was responsive.

People received individual personalised care that was based on their assessed needs and was regularly reviewed with their involvement.

People were supported to take part in activities and interests they enjoyed.

Good

Is the service well-led?
The service was well-led.

There was a positive and inclusive culture. The manager led by example, was approachable and supportive to the people at the service, their families and the staff.

Good

Summary of findings

The service had clear values which were person centred and included empowering people and promoting people's choice, dignity, respect and equality.

Quality assurance systems were in place and regularly monitored to drive improvements to the service.

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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.

This inspection took place on 20 and 21 November 2014 and was unannounced. It was carried out by a single inspector. Before the inspection we asked the provider to complete a Provider Information Return (PIR). 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. We also reviewed other information about the service such as notifications they are required to submit to the Care Quality Commission.

During our visit the majority people using the service were unable to share their experiences with us due to their complex needs and ability to communicate verbally. So, in order to understand their experiences of using the service, we observed how they received care and support from staff. To do this we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spoke with the manager, deputy manager and three care staff. We looked at records which included two people's care records, training information, and other records relating to the management of the service. After the visit we contacted two relatives of people using service and asked them for their views and experiences of the service.

Good

Is the service safe?

Our findings

People were cared for safely. Relatives told us people were cared for safely at the service and when they accessed the community. One relative said "I know that [relative] is safe, I have no worries when I am leaving the service." Another told us "The staff have set procedures that they follow to keep people safe in the service and when [relative] is out in the community."

Arrangements were in place to protect people from abuse, neglect or harm. Staff demonstrated a good understanding of what constituted abuse, the signs that they would look for to indicate someone may be at risk and the actions they would take to report the suspected abuse. All the staff we spoke with confirmed they could access the policy and procedure for safeguarding people. A flow chart was also available which detailed the various steps to take to safeguard the individual and reporting procedures. Training information showed that all staff had received up to date training in safeguarding adults and team meeting minutes showed that safeguarding was discussed at each meeting so that staff were clear about their responsibilities in relation to safeguarding.

Risks to people's health, safety and welfare had been assessed and management plans were in place which provided staff with guidance on how to minimise the identified risks to keep people safe from harm or injury. Care records contained specific guidance for staff to follow to keep people safe and the support people required to live as full a life as possible. These included information on what things people wanted staff to carry out to keep them safe. All the staff we spoke with had a good knowledge and understanding of people that had behaviours that challenged the service and others. For example they were able to tell us about a person that had a specific bedtime routine which had to be followed or the person displayed behaviours that challenged the service and others. We looked at the guidance for this person and saw that this matched the information that staff had described.

Medicines were managed, stored, administered to people, clearly recorded and disposed of safety. The provider had policies and procedures in place to manage medicines safely and were available for staff. All staff that were able to administer medicine had completed a medicine competency assessment and records we saw confirmed this.

We looked at all three medicine administration records (MAR). These recorded the number of medicines received, administered and had been correctly completed. We checked a sample of medicines, the stock quantities available showed that medicines had been appropriately given.

There were daily medicines audits which were carried out at each shift change, so that any issues or concerns were identified and addressed. Where people had been prescribed 'as required' (PRN) medicine, we saw that individual protocols were in place so staff were provided with information as to when PRN medicine was to be administered. For example, during our visit we saw a person request pain relief medicine and this was administered in accordance with the protocol.

Staffing levels were determined by the level of care and support each person required in the home and in the community. The manager told us that a minimum of three staff were required during the day, rotas we viewed confirmed that three staff were regularly on duty. Throughout our visit we saw staff responding to people's support needs promptly. A member of staff was present at all times in the communal areas. Where people were undertaking activities in the community additional staff were on duty to ensure they could undertake the activity safely. For example, during our visit we saw two staff supporting a person to walk to the local shops.

The manager described how people were kept safe because staff knew how individuals responded to various members of staff within the team. For example they told us that a person liked to be supported by male staff only and did not respond well to female staff support. In order to keep this person safe, where possible male staff were on duty to support them.

The manager explained she only used staff from an agency and the provider's own staff bank to cover staff sickness and leave that had worked at the service previously and knew the people they were supporting. She told us that matching staff to people was important for people as it provided consistency in care and support. We spoke with a staff member from the bank. They told us prior to starting work at the service, as part of her interview process she had been observed working with people at the service and their response to her.

Good

Is the service safe?

Staff told us the staffing rota was flexible and they would sometimes start work at various times to ensure that the support people required to live their lives was provided. For example, a staff member had started work later so that they could support people to attend a club which ran late into the evening. This showed us that there were enough suitable staff to care for and support people flexibly.

Staff told us they completed daily records which detailed how individual people had been looked after during the shift. For example, records viewed detailed the care and support people received, details of people's mood, behaviour and the activities they had participated in. We observed a daily handover meeting and heard staff sharing and discussing information about people and the care and support they had received. Staff also used the handover meeting to discuss how to keep people safe, for example we heard staff discussing how they would support a person who wanted to access the community so that risk of injury or harm to them was minimised.

Good

Is the service effective?

Our findings

People were cared for by staff that had appropriate training and support. Both relatives we spoke with said they felt staff had the right skills and knowledge to support the people at the service. Comments included "I can't fault the staff they are brilliant."

Staff training information confirmed that all staff had completed training that was deemed mandatory by the provider. Staff confirmed they were provided with opportunities to attend training which was specific to the needs of the people they supported, such as epilepsy and managing behaviour that challenged. The provider had a live dashboard where the manager could monitor what training staff had undertaken and where refresher training was required.

Staff confirmed that they received regular one to one supervision sessions and an annual appraisal to discuss their learning and development, work performance and any issues they had about their role at the service. Staff said they felt supported and could see the manager or deputy manager to discuss any areas of concern before their supervision session. One member of staff commented "They work as a really good team here and everyone is approachable."

Team meetings were held monthly and staff we spoke with confirmed that the staff team worked well together. Records we looked at showed that staff discussed the individual people they supported, training and information regarding developments in the service.

Staff were supported to communicate with people effectively. People at the service had complex needs and were not always able to communicate verbally. People's support plans contained detailed information on the various ways people communicated their needs through sounds, gestures, speech and behaviours. Staff described how this information was important in understanding people's needs and feelings such as anxiety or contentment. One staff member commented "There is always a reason behind the behaviour, and we as a staff team try to find the reason so that we can support the person."

CQC is required by law to monitor the implementation of the Mental Capacity Act (MCA) 2005 and the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process to make sure that people were only deprived of their liberty in a safe and least restrictive way, when it is in their best interests and there is no other way to look after them.

The service had policies and procedures which gave staff instructions and guidance about their responsibilities in relation to the Mental Capacity Act 2005 and DoLS. All the people at the service were not able to access the community on their own. They required the support of staff at all times. The manager had identified this as a restriction and DoLS applications had been completed and submitted to the local authority for authorisation.

Care records detailed the types of decisions that people could make about their care and support. Where more complex decisions were required for people, and they had been assessed as not having the capacity to make the specific decision, we saw that these had been made with the involvement of relatives, other relevant professionals and staff. For example, we saw that a best interest meeting had taken place for a person that required a specific medical procedure.

During our visit we saw that people were asked for their consent before the staff carried out any care or support. For example, we saw that a person had consented to go out to an evening club. Another person indicated they did not want to go and staff respected the person's decision. This showed that people's rights were respected and upheld by the staff.

People were supported to eat and drink to meet their needs. People were involved in making choices about the food they liked to eat, and developing the weekly menu. Pictures of various meals were available and people pointed to the meals they preferred. Care records also detailed people's food and drink preferences, diets and any risk associated with their food and drink. Where people were able to tell the staff what they wanted we saw them doing so. For example, we saw that a person wanted a take away meal and was able to say what they wanted from the menu.

Staff promoted people's independence where possible such as preparing their breakfast, setting and clearing the tables and helping staff with shopping. Staff told us they encouraged people to eat a healthy and balanced diet, and this was monitored through the daily records they kept and review meetings.

Good

Is the service effective?

People's health and wellbeing was monitored. Each person had a health action plan which detailed the support that people required to maintain their physical and mental health. Records also showed that people had regular access to healthcare professionals such as GPs, psychiatrist, dentist and the outcomes of any appointments were recorded with details of any changes to the persons care. Staff supported people to attend annual well man and well woman check-ups at the health centre. Where people required admission to hospital we saw that each person had a hospital passport which contained information on key areas of importance to the person such as how the person communicated, medicines they required and ongoing medical conditions they had.

Good

Is the service caring?

Our findings

Staff had been trained in how to respect people's privacy and dignity, and understood how to put this into practice. Throughout our visit, we saw that staff respected people's privacy and dignity when they were supporting people. Staff gave examples of how they did this, such as staff always rang the doorbell before they entered the service, personal care was provided in the privacy of people's bedrooms and bathroom areas with the doors shut and curtains drawn. Staff comments included "If someone comes to our house they ring the doorbell, when we come to work we are working in their [people's] home and that's why we ring the doorbell."

Our use of the Short Observational Framework for Inspection (SOFI) tool found that all interactions between staff and people were positive with no negative interactions. People were comfortable in the presence of staff and the other people they lived with. We saw that people laughed and smiled and spent time with staff in the office and communal areas. People were empowered to make choices about their daily lives. Comments from relatives included "The staff are very caring and know what they are doing", and "I have no issues with the care that [relative] gets, they are very settled."

Staff were kind, caring and reassured people by speaking clearly and explaining things well. For example we saw a member of staff discussing with a person the arrangements for them to attend a medical appointment.

People were supported by staff to express their views and be involved in making decisions about their care and support. Care plans were personalised and reflected people's individual needs and preferences. They contained detailed information on what the person was able to do for themselves and what support they needed from staff. For example, one care plan recorded "I can wash my hair but need someone to put the shampoo in my hand."

People were supported to maintain relationships with people that mattered to them. Care plans contained information and contact details about family, friends and other professionals that were important to them. Detailed information was available in the care plan which described the support people required to develop and maintain relationships. A relative told us "They involve [relative] in all aspects of the care and support they need, always checking that [relative] is happy with what they are doing."

Good

Is the service responsive?

Our findings

Relatives described the process they would follow if they had a complaint or a concern regarding their family member. They told us they could approach the manager and speak with her about their concerns. Where they had raised concerns previously these had been addressed to their satisfaction. Comments we received included "The manager listens to us and encourages us to speak up about any concerns we have" and "They listen and take action to address your concern."

The service had a complaints procedure in place and this was available in an easy read and picture format to make it more accessible to people using the service. The service had received no complaints since the last inspection. Staff described the culture of openness in the home and were confident that where a complaint had been made that the person or the person acting on their behalf would not be discriminated against.

People who used the service were able to engage in a range of activities that reflected their interests. These included regular shopping trips, walks, drives, going to the park, arts and crafts and attending clubs. Daily records detailed the activities that people had been supported with.

Throughout our visit we saw that staff supported a person to do some art work, while another person was supported to go for a walk to the local shops. One relative said "[relative] is always doing something and staff are always available to provide the support." This showed us that people had opportunities and the support to get out and about in the local community.

People's needs were assessed and regular reviews of their care took place with input from them and people that were important to them. Both relatives confirmed that they were involved in review meetings where they discussed the needs of the person, their achievements since the last review and any future goals that they wanted to work towards. Review records we viewed confirmed this.

Staff responded to people's changing needs. Where people's health needs had changed staff worked in cooperation with other healthcare professionals so that people received the care, treatment and support they required. For example, there had been changes to a person' s mobility and staff had updated the person's care plan to include information on the risk of falling and the support that was to be provided from other professionals in the community. One relative said "They always let us know what is going on and give us feedback about any appointments that my [relative] has attended."

Good

Is the service well-led?

Our findings

There was a registered manager in post who was supported by a deputy manager. We saw that people using the service knew the management and staff team very well. Relatives and staff spoke highly of the manager and said the service was well led.

They told us the manager promoted a positive culture that was open, transparent and that empowering people to live a good quality life based on their decisions and choices was central in the provision of the service. One relative commented "She is amazing, she listens and you can speak with her. She is an outstanding manager that leads an outstanding team of staff, I could not find better people to care for my [relative]." Another said "She listens, and she acts on what you have to say."

Staff told us their managers were approachable, supportive, valued their opinions and treated them as equal members of the team. They said they were confident to raise any concerns that they had and knew that she would do her best to address them. There was very little staff turnover and staff felt this was because staff liked working at the service and that they were happy in their work. One staff member said "The reason I am here is because of the people here. Whatever they pay me it is not enough. I want to give as much as I can and not what I can gain." Another staff member told us that "We work like we are a family, you have to have a heart and love to care for people".

The manager was highly visible and was available to people and staff at the service. There was a clear management structure and staff had a good understanding about their role and responsibilities. All the staff team had an in-depth knowledge about the people they supported. Staff told us the manager and deputy manager worked alongside them and supported people with their care. Regular staff meetings were held and minutes detailed that staff were kept up to date with the management of the service. We saw people spending time with the manager in the office and communal areas. Where people requested support from her this was provided.

Staff knew the vision and values of the organisation. They told us they discussed these during their team meetings and one to one supervision. Staff described their role in implementing these in the care and support they provided daily. This included respecting people's diverse needs, safety and risk, offering people choices, supporting them to make decisions, promoting independence and ensuring they lived a good quality life which met their needs and aspirations. Throughout our visit we saw staff implementing the values of the organisation.

The provider had a system in place to assess and monitor the quality of the service so that improvements could be made. This included daily, weekly and monthly audits carried out by the manager, service manager and the staff team. Records showed that audits covered areas such as medicine, health and safety, fire, premises monies and care records. Action plans with timescales were in place where shortfalls had been identified.

The manager completed key performance information on the service monthly and this was monitored at provider level so that they had an overview of the service. The report we viewed showed that key information such as accidents, incidents, safeguarding, complaints and information relating to people's care and welfare had been collated. The information was used to identify any trends or patterns so that lessons could be learnt and improvements to the service could be made.

The manager regularly involved people and their relatives in monitoring and assessing the quality of the service. People were involved in deciding whether bank or agency staff were suitable to work with them and matched their needs. We saw that people had been involved in choosing paint colours prior to the service being redecorated. Records showed that people and their relatives were able to give feedback through review meetings or one to one meetings with the staff. The manager told us she used the information to make improvements to the quality of support people were offered and to the service.

The service and its staff were committed to provide quality care that was based on good practice. Staff had regular contact with health and social care professionals and acted on the advice so that people were supported according to best practice recommendations. The staff described the improvements that had been made to a person's communication style with the input of specialist support staff such as a behavioural therapist within the organisation.

Relatives told us that staff had a good understanding of people on the autistic spectrum and knew how to support

Good

Is the service well-led?

people in a manner that reduced anxiety and distress. For example, a relative described how the staff knew not to interrupt a person's specific routine when visitors were leaving. They told us the staff knew the importance of this and what it meant for their family member.