

CareForYou Ltd

# Head Office - The Grove

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Head Office – The Grove (CareForYou Ltd) provides care and support to people living in two supported living accommodations. The supported living accommodations comprised of two terrace houses with a rear garden. Each person had their own room with access to washing facilities, some people had en-suite facilities. The service worked with people with a mental health condition and some people may have a learning disability. At the time of the inspection the service was supporting one person that received a regulated activity.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided

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

People experienced a good quality of care with good outcomes. There were enough staff to meet people's care and support needs. Staff had training in safeguarding and knew how to report any concerns. People's risks were clearly assessed, and clear guidance given to staff to minimise risks. People were supported to manage and take their medicines safely and on time. Staff were recruited safely. There were systems in place to ensure staff were safe to work with vulnerable people.

People were involved in their needs' assessments prior to moving into the service. Pre-admission assessments of their needs and preferences meant the service was confident they would be able to meet people's care and support needs, whom they had offered to support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff received good support from the management team through regular supervisions and staff meetings. People were supported to maintain a balanced diet. Where people had specialist diets, this was understood, and staff knew how to support people.

People were treated well. We observed warm and caring interactions between people and staff. Staff understood the importance of promoting people's independence.

People's care plans were person centred and reflected how people wanted to receive their care. People's communication needs were clearly explored and documented. People were supported to maintain contact

with people who mattered to them. Where identified, staff also supported to take part in activities that were meaningful to them. There was a clear complaints procedure in place and people had been provided with information on how to complain.

There was an open culture at the service. People were encouraged to be partners in planning their care and support. Staff were complimentary of the registered manager and the support they received. The registered manager was approachable and made time to speak with people and staff. People and healthcare professionals were encouraged to give feedback on the service. There were regular staff meetings where staff were able to raise any queries or questions they had. The service worked in partnership with other healthcare agencies to promote people's mental and physical wellbeing.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

This service was registered with us on 05 October 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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## 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.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Head Office - The Grove

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

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

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 10 August 2022 and ended 18 August 2022. We visited two supported living locations on 10 August 2022 and spoke with staff by telephone on 18 August 2022.

### What we did before the inspection

We reviewed information we had received about the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used all this information to plan our inspection.

### During the inspection

We spoke with the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We looked at one person's care and support plan and medicines records. We observed interactions between people and staff. We looked at staff files including recruitment and supervision records. We also looked at numerous other documents relating to the running of the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and harm.
- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- Staff had training on how to recognise and report abuse and they knew how to apply it. Training was refreshed regularly.
- People and those who matter to them had safeguarding information in a form they could use.

Assessing risk, safety monitoring and management

- Risks were robustly assessed, monitored and reviewed.
- People's personal risks were assessed, and clear guidance provided to staff on how to minimise risks. Risk assessments were updated regularly or when people's risks changed.
- People had behaviour support plans. These documented triggers as to why people may experience periods of distress and how staff could safely support people in a person-centred way.
- There were clear systems and processes in place to monitor accidents and incidents. Records showed what had happened and actions were documented and there was a section for lessons learned and strategies to avoid recurrence.
- For each supported living setting there were regular checks of fire safety equipment as well as fire drills. This ensured people responded appropriately if the fire alarm was activated. People had Personal Emergency Evacuation Plan (PEEP). PEEP's were tailored to the individual and gave staff guidance on the level of support a person required in the event of a fire.

Staffing and recruitment

- There were enough staff to meet people's care and support needs.
- The registered manager told us staffing levels reflected people's care and support needs and care packages. Staff rotas reflected this.
- Staff were recruited safely. Staff files showed a range of recruitment checks including two written references, an application form with any gaps in employment explored, proof of identity and a Disclosure and Barring Service check (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received their medicines safely and on time. People's care plans documented what support people

required with their medicines.

- There were systems and processes in place to monitor and manage medicines. People were supported to manage their medicines ordering, storage and, where necessary, disposal. Each person had a locked cabinet in their flat, where they were able to safely store their medicines.
- People were encouraged to understand their medicines during one to one meetings with staff.
- Staff had received medicines training. Following training, staff had a competency assessment to ensure they were safe to administer medicines.

Preventing and controlling infection

- People were protected from the risk of infection by clear infection control policies and procedures.
- Staff had received training in infection control which was refreshed regularly.
- Staff worked with people to help them understand how they could keep themselves safe around COVID-19.
- Staff were encouraged to be vaccinated against COVID-19 and flu. This helps protect people against infection.

Learning lessons when things go wrong

- There were systems in place to ensure lessons were learnt to help improve the quality of care.
- Following any accident or incident, staff had a de-brief with the management team where they discussed the incident and what had led up to it. Where there were any learning points, these were discussed in staff meetings and during handovers. This ensured a clear understanding and analysis of the incident where lessons could be learned.
- Staff were confident around how the management team ensured learning. One staff member said, "We have debriefs after any incidents or concerns. [This means] The next incidents I feel more confident. Debriefing helps to understand how to work with people. We have a good team and we support each other."
- People's care and support plans were updated to reflect any changes in people's needs as a result of any accidents or incidents.



# Is the service effective?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed in line with guidance, standards and the law.
- When people were referred to the service, they received a comprehensive assessment to ensure their care and support needs could be met.
- Initial assessments were used to create a person-centred care plan that was tailored to their needs.

Staff support: induction, training, skills and experience

- Staff received good support and training to ensure they understood best practice.
- Staff received a detailed induction when they started work which included completing the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. Staff also completed numerous training courses as well as shadowing more experienced staff before working alone.
- There were numerous training courses staff attended to increase and embed knowledge. This included safeguarding and mental capacity. Some training courses were provided by the local authority such as, safe eating and drinking and learning difficulty awareness.
- Staff were supported through regular supervision meetings.
- There had been no annual appraisals documented yet as the service had not been operating for a year. The registered manager told us they had appraisals booked in within the next few months.

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

- People's care plans documented their care and support needs around food and drink. People were supported to budget, plan, shop and cook with staff support.
- Staff knew people well and knew people's likes and dislikes around food. A staff member said of one person, "Always with [person] he likes a bit of ice cream, so I always make sure he has it!"
- One person required a soft specialist diet which had been assessed by a Speech and Language Therapist (SALT). There was a clear risk assessment in place which provided staff with guidance around the person's risk of choking. The person's care plan was detailed and included pictures and descriptions of what types of food the person could eat. One staff member said, "[Person] is on soft diet, this has been agreed by SALT. When we give him food, we ensure the consistency of the food. We give him the choice of selecting the food that he has. I give him three choices and show him what he has in the freezer."
- We observed staff talking with the person around what they wanted to do for lunch and discussing what foods they fancied that day. Staff had a clear understanding of the person's care and support needs around

their diet.

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

- Staff worked with other agencies to provide timely care and support to people. People were supported to live healthier lives.
- People's care plans showed people attended appropriate healthcare appointments. Where this was an identified care and support need, staff attended appointments with people.
- Where there were any incidents, the service worked with people's care teams to ensure people were understood and supported.
- Staff knew people well and were able to recognise if there were changes in their mental and physical wellbeing. Staff understood how to raise concerns and make appropriate referrals.
- People's care and support plans were updated immediately following any changes in healthcare needs.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The service worked within the principles of the MCA.
- People's care files documented their capacity and what they were able to make decisions about regarding their care and day to day lives.
- Staff had received training around the MCA and understood how it impacted on the care they provided to people. One staff member said, "It's about decisions, it's about whether the person has the capacity to make informed choices. You may have to seek assistance from an advocate to help them make a decision. It can be selective they may be able to make simple decisions but not complex ones."

# Is the service caring?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were well treated, and their individuality respected.
- People's care plans documented any areas of care and support needed around equality and diversity.
- We observed kind and caring interactions between staff and people. People knew staff well and we saw people greet staff warmly.
- People were able to personalise their rooms to make them homely and comfortable. One person had lots of photos of animals, staff had framed which had been taken on a recent day trip.
- Staff were supportive to people and we observed a person smiling and asking staff to accompany them out for lunch. Staff readily agreed and asked the person where they wanted to go.
- People's care plans documented how people should be supported if they experienced periods of distress. Staff clearly understood the importance of supporting people appropriately when they felt like this. One staff member said, "If someone is feeling anxious, it's how you approach people. Give them their own space. Show them support and understand their needs."

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

- People were involved in making decisions and planning their care.
- Records showed people were fully involved in their initial assessment of their needs before they began using the service, creating their care plans and reviews of their care.
- Each person has a keyworker. A keyworker is a staff member who has responsibility and oversight of an individual's care and support needs and meets with the person regularly. Key working ensures people have regular input into planning their care.

Respecting and promoting people's privacy, dignity and independence

- People were respected, and staff understood and promoted privacy, dignity and independence.
- People were supported to be independent in their day to day lives. This included activities of daily living such as keeping their personal space clean, budgeting, shopping, cooking and personal care.
- Staff understood promoting people's independence led to better outcomes for people as they felt more confident. One staff member said, "When people knew their needs are being met, they are confident."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care which was person-centred and ensured people had choice and control.
- People's care was planned with the person at the centre of their care and this was clearly reflected in their care plans. People's care and support needs had been thoroughly explored with people in conjunction with referral information. People's likes and dislikes were clearly documented.
- Each person had a one-page profile which gave staff a brief overview of the person, their needs, likes and dislikes.
- There were regular progress updates which documented how people were and what people had achieved in the review period. Progress updates were detailed and included things which enhanced people's lives such as day trips, taking care of their physical health and communication.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed at the point of referral
- People's care plans had a section on communication which provided staff with clear guidance on effective person-centred ways the person communicated. As staff got to know people and how they communicated any additional information was updated in people's care plans.
- For one person, the registered manager and staff had created a 'Video communication diary'. This looked at how the person communicated, what was effective for them and how staff could understand the person to ensure their needs were met. The person had limited speech but was able to express themselves through facial expressions, body language and signs such as a thumbs up. Staff had purchased an electronic pictorial clock which said particular phrases and set reminders for the person. For example, the clock said 'wake up' whilst showing a picture of the sun and reminding the person of important times in the day.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Where this was an identified need, people were supported to follow their interests and take part in activities that were meaningful to them.
- People's care plans documented what activities they enjoyed. The registered manager told us they felt it

was important to give people the opportunity to do things they liked as it enhanced people's wellbeing.

- One person liked animals and we saw the person had been supported to go to the zoo. There were a number of photos in the person's room from the day. When we spoke to the person, they pointed at one of the pictures, smiled with a thumbs up and said, "That's me!"
- People were supported to go out on a day to day basis and were supported to do things that enhanced and maintained their day to day lives. This included going out shopping and out for lunch.

Improving care quality in response to complaints or concerns

- There were systems in place to monitor and respond to any complaints. At the time of the inspection the service had received no complaints.
- People were provided with information on how to make a complaint when they moved into the service. Information was provided to people in a way that was accessible. For example, not using jargon and clearly explaining what people could expect if they wanted to make a complaint.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was an open culture at the service which promoted good outcomes for people.
- We saw people were comfortable with staff and were able to ask for support from staff when they needed to.
- Staff were positive about the registered manager and nominated individual, and the way they worked together for the best interests of people. Staff said, "They are understanding, and they listen to you. If you raise any concern, they take it on board straight away. If you have any ideas, they listen to you and value you. This is how it should be" and "I would say they are very supportive. It's a lot of lone working but they are always on call and easy to contact and get through to. They always are ready to give advice."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- This was a small service that had been operating for less than a year. The registered manager told us there had been no satisfaction surveys sent out yet. However, there were plans in place to do this in the near future. Whilst there was no formal process to gather feedback, the registered manager told us they regularly received feedback from care teams and through key working meetings with people. Feedback received was positive.
- There were regular staff meetings. Staff told us they felt confident voicing their opinions and ideas and felt listened to by the management team.
- The service worked in partnership with people's care teams to ensure people's care and support needs were being met.
- There were clear systems in place to encourage and promote learning. The registered manager recognised the importance of involving staff when there was any learning through debrief session, staff meetings and supervision sessions. Learning was seen as a way of identifying issues and addressing them to improve people's experience of their care.
- At the time of the inspection, there had been no incidents where duty of candour applied. However, the registered manager was aware of the principles of the duty of candour and the importance of being open and transparent should anything go wrong.

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

regulatory requirements

- There was a clear management structure in place which staff understood. Staff knew who to go to for guidance and support.
- The registered manager understood the importance of having good oversight of the service and how this related to improving the quality of care.
- There were numerous audits to monitor the quality of care. Examples of these include, medicines audits, infection control, health and safety and people's care files. Audits allowed the registered manager to identify any areas for improvement. Where anything was identified, this was addressed immediately.
- The registered manager had good oversight of staff training and when this needed to be refreshed.