

# Community Living and Support Services Limited

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### 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

This inspection took place on 26 April 2017 and was announced. We gave the provider 48 hours' notice of our visit because the location provides a domiciliary care service [care at home]; we needed to make sure that there would be someone in the office at the time of our visit. The service was last inspected in December 2014 and at that time was meeting all the regulations.

Community Living and Support Services Limited are registered to provide personal care. The service provides care and support to two people who live in their own homes and to 36 people living in their own homes within 'supported living' accommodation. People's care and housing are provided under separate agreements; this inspection looked at their personal care and support arrangements.

There was a registered manager in post who was present throughout the inspection. 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.

People told us that the service provided to them was safe. Staff followed the appropriate safeguarding procedures to ensure the risk of harm to people was minimised. Sufficient staff had been employed following robust recruitment checks. We found that overall medicines management within the service were effective and people received their medicines as prescribed.

Staff received regular supervision and support. Training was provided to staff so they could meet people's care needs. People's rights were protected and they had choices in their daily lives. People received support to plan, make and prepare their meals. Staff worked with other healthcare professionals to ensure people's healthcare needs were met.

People told us they were happy with the service provided. People described staff as kind and lovely. People were involved in making decisions about their own care needs. People were supported by a staff team who understood the importance of treating people with dignity and respect and promoting people's independence.

People's support plans demonstrated that they were supported to have maximum choice and control of their lives. People were involved in developing and reviewing their support plans and individual needs. People were supported to choose and access activities which were of interest to them. People told us they were engaged and supported in day to day living skills. People were able to raise their concerns and processes were in place to ensure complaints were investigated and responded to.

The registered manager provided staff with appropriate leadership and support. The service sought people's feedback through questionnaires, reviews and telephone contacts about the quality of the service. The registered manager assessed and monitored the quality of care consistently. However, some training records were incomplete and it was not possible to identify if all staff had the appropriate up to date knowledge and skills.

## 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.

People were protected from potential abuse by staff who were knowledgeable about safeguarding procedures.

Risks to people were assessed and managed appropriately and there were sufficient staff who had been robustly recruited to provide support to people.

People received their medicines as prescribed.

### Is the service effective?

Good ●

The service was effective.

Most staff had received some training to enable them to meet people's specific needs.

People were involved in making decisions and choices about the support they received.

When necessary people received support and guidance from staff in order to receive suitable nutrition.

### Is the service caring?

Good ●

The service was caring.

People told us that staff were kind and respectful.

People received care and support from staff who knew them well and understood their individual preferences and needs.

People were supported to make informed decisions about their care and support.

### Is the service responsive?

Good ●

The service was responsive.

People were supported by a consistent staff team who understood their needs and preferences.

People's complaints and concerns were listened to and the provider responded appropriately.

**Is the service well-led?**

**Good** ●

The service was well-led.

There was an open and inclusive culture where people who used the service and staff felt their views and experiences of the service were listened to and valued.

The registered provider had systems in place to monitor the quality, safety and consistency of the service. However some training to refresh staff knowledge had not taken place as planned.

# Community Living & Support Services Limited

## **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 inspection took place on 26 April 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that staff were available at the office. We needed to ensure the provider could make arrangements for us to be able to speak with people who use the service, care staff and to make available some care records for review if we required them. The inspection team consisted of one inspector and an expert by experience who spoke to people who used the service on the telephone. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

As part of our visit we asked the provider to complete a Provider Information Return (PIR). This is a form on which the provider gives some key information about the service, what the service does well and improvements they plan to make. This was received within the necessary timescale. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any safeguarding matters. We refer to these as notifications. We reviewed the notifications the provider had sent us and in addition considered feedback provided to us by commissioners of the service and Healthwatch. We used all this information to plan what areas we were going to focus on during our inspection visit.

During the inspection we spoke with six people who used the service and six relatives. We met and spoke with the registered manager, the care manager, two deputy managers, the office manager, one team leader,

one senior support worker and four support workers. In addition we spoke with three healthcare professionals who support people who used the service. We sampled some records, including four people's care plans, two staff files and the way the provider had applied their recruitment process. We sampled records maintained by the service about training and quality assurance to see how the provider monitored the quality of the service.



## Our findings

People who used the service told us that they felt safe with the staff that supported them in their own homes. People told us they felt safer with the assistance offered by staff to be independent. One person we spoke with told us, "I feel safe....I know that there's staff here." All of the relatives we spoke with confirmed that people were safe. A relative we spoke with told us, "I have to be happy in my mind that he's safe and I am."

The risk of harm to people was reduced and managed because there were procedures in place to help staff keep people protected from abuse and harm. The staff we spoke with were able to describe the different types of abuse, how to recognise abuse and the processes to follow to report any suspicions of abuse. Records we reviewed confirmed that staff had received safeguarding training. There were whistle-blowing guidelines for staff to follow in case they witnessed or suspected that people were at risk. One staff member told us, "I would contact [name of registered manager] or CQC [Care Quality Commission] if I saw something that was against what we should be doing." We saw that where concerns had been raised, the registered manager had taken the appropriate action and referred the concern to the appropriate agencies.

People told us about how staff supported them with certain aspects of their daily lives in order to minimise the risk of harm. One person told us how staff helped them to manage their finances safely. They said, "I have help to budget my money, otherwise I would spend it all. Its better this way. It means I have enough money to last me all week." Where the service supported people with the management of finances we found this had been discussed with the person, their relatives and when necessary and with other professionals. This meant that processes were in place to safeguard people's finances.

Potential risks to people who used the service had been assessed and action had been planned and taken to keep people safe, whilst still promoting people's freedom, choice and independence. We saw that staff had assessed the risks associated with people's medical conditions and behaviour as well as those relating to the environment and any activities which may have posed a risk to staff or people using the service.

Records we reviewed were relevant to the person's individual needs and described the risks staff needed to consider in order to keep people safe. Staff showed that they knew how to reassure people when needed and records described known triggers which could cause people to become anxious or agitated. There were instructions and coping strategies for staff in the support plans of people at risk of behaving in ways which may harm themselves or others. A member of staff told us, "It's important we know people's trigger points so we can support them in the best way. We have relapse prevention records to complete if there are any



incidents. We have had necessary de-escalation training and all this information is in people's support plans." We saw that people's risks had been reviewed regularly to help monitor any changes. However, records did not detail what had been reviewed and what the outcome of the review was.

Staff we spoke with were consistent in their responses about what actions they would take to keep people safe in emergencies. Accidents and incidents had been reviewed to prevent the likelihood of similar incidences from happening again. People and staff told us there was always a senior member of staff available to give advice and support in an emergency.

People and relatives we spoke with told us that there were enough staff employed to meet people's individual needs. One person told us, "There are enough staff around all day." People told us that they received care from a core of regular staff. One relative said, "They are a consistent group of staff, that's good for people." Most staff we spoke with confirmed that there were enough staff to provide the care that people needed in an effective timely manner. At times of staff shortage due to illness or sickness, the gaps were filled by bank staff employed by the service. This meant that people were cared for by staff who knew them and their needs. Staff rotas and allocation records showed that staffing levels had been consistent and that people received their calls at their preferred time and for the length of time identified as necessary in their care plans.

People could be assured that safe recruitment practices were followed. We looked at the recruitment files for two members of staff. We saw that robust pre-employment checks had been completed. This ensured that prospective staff would be suitable to work with people who used the service.

People told us that they were supported to take their medicines in a safe way, at the appropriate times. One person told us, "The staff support me with my medicines so I get them right and safe." We were advised that medicines were kept in a suitably safe location. The medicines were usually administered by members of the staff team who were suitably trained to do so and had undertaken competency checks. Where medicines were prescribed to be administered 'as required', there were instructions for staff providing information about the person's symptoms and conditions and when they should be administered. Staff had signed to indicate that they had read and understood these instructions.

We sampled the Medication Administration Records (MARs) and found that most had been had been correctly completed. We found on one person's MARs a topical cream had been prescribed and we identified some gaps in the recording. This meant that it was not immediately clear if the person had received their creams as required. We were advised following our inspection that these gaps had been identified as medicine errors and they had been discussed with staff to ensure they did not happen again.



## Our findings

People told us that they thought the staff had the right knowledge and skills to support them. One person said, "Staff are good at their jobs." Healthcare professionals who supported people who used the service expressed confidence that the staff were able to meet people's needs appropriately. One professional told us, "This service gives people a chance despite their complex medical risks."

Staff told us that they received on-going training to make sure that they continued to have the skills to provide people with appropriate care and support. Staff told us that they received a good level of support and supervision from their managers. One member of staff told us, "I feel well supported by the manager." We saw that staff received regular one to one supervision with their managers. This provided staff with opportunities to learn through reflecting on their practice and feedback from their managers as well as identifying future training needs. Staff told us and we saw records which demonstrated that staff were spot checked when delivering care and support to people to ensure that they were competent to carry out their role. Staff told us and the records confirmed that staff had received induction training when they first started to work at the service. This covered the necessary areas of basic skills and the opportunity to work alongside more experienced members of the team.

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. We found that people were supported by staff who sought their consent before supporting them. One person told us, "Staff ask me what I would like to do and ask if I need any help." We saw when one person had not given consent for their photograph to be taken that staff had respected their decision. Staff we spoke with described ways about how they gained people's consent before assisting or supporting them. A member of staff said, "MCA gives people the right to make their own decisions so their voice is heard." A member of staff told us, "We cannot enter someone's property without their permission."

People can only be deprived of their liberty so that they can receive care and treatment when it is in their best interests and legal authorised under the MCA. At the time of our inspection the registered manager told us that this did not apply to anyone currently using this service however they were able to demonstrate an awareness of the process to follow if required.

When necessary people were supported with their meals. One person told us, "The staff help me to buy

healthy foods because I want to lose some weight." We saw that staff had sought and taken the advice of relevant health professionals in relation to people's diets. Staff we spoke with explained that they tried to help people to make healthy choices in terms of food, although they acknowledged that this could be difficult at times and sometimes people made unwise choices. A member of staff told us, "We try and support people with their diet plan. On the occasions people don't want a certain meal we respect their choice." People's dietary support needs were recorded in their support plans. However staff had not consistently recorded what meals people had been offered. For example, records of one person showed that they had not received a consistent balanced diet in line with their care plan. We discussed this with the registered manager who advised us that they would make records clearer to demonstrate what people had been offered and what choices people had made.

We saw that people had been supported by staff to have access to healthcare professionals in support of their healthcare needs. The support plans we reviewed included details of people's health conditions and relevant guidance for staff about the care and support needs related to people's health. One person we spoke with told us, "Staff helped me to register with a doctor and the dentist." A relative described how their relative was involved with a health emergency and said, "They called an ambulance and rang me immediately and kept me posted." The registered manager advised us that they use hospital passports which contained relevant information about people should they have to go to hospital or attend medical appointments. This would ensure other health professionals were aware of how to meet people's individual needs and keep them safe.



## Our findings

People told us that they had positive relationships with the staff who supported them. One person we spoke with told us, "They [the staff] are kind...all of them." Relatives we spoke with described the caring attitude of the staff who worked for the service. A relative told us, "They [the staff] are very friendly and open."

People told us that they had the opportunity to talk about their personal interests with staff and told us they were routinely involved in planning how their care needs were to be met in line with their own wishes and preferences. One person said, "Staff just basically prompt me to take my meds [medicines], to take my meals, my shower and tidy my room. I've got a set routine but I've got my own routine as well." A member of staff we spoke with said, "We support people to plan their own care. It's important to involve them."

People were empowered to make decisions about their personal goals and achievements. People were supported by staff to identify their own needs, personal goals and what they wanted in life. One person who used the service told us that they had been supported to obtain employment and said, "I've made lots of new friends." We saw documents and information were available for people to access in a format that was inclusive and met individual's communication needs.

Staff who we spoke with described how they showed care in their role and towards people they supported. Staff had a good understanding of people's needs and individual preferences and they could describe people's health, personal care preferences and preferred routines. One member of staff described a person's interests and told us that one person they supported did not like group activities, adding, "[name of person] prefers to have a look around charity shops with staff [instead]."

People were supported by staff who understood the importance of maintaining people's privacy and dignity. One relative told us, "Staff respect people's own homes". A member of staff told us, "I try and encourage [name of person] to close curtains when they are getting dressed and I always give them their own space whilst they are in the shower." Staff we spoke with had a good appreciation of people's human rights. A member of staff told us, "People have the right to make their own choices and decisions in their life. It's important people's voices are heard."

People in 'supported living' arrangements were encouraged by staff to develop their independence skills. One person we spoke to told us, "I love living independently and doing my own cooking and cleaning." A member of staff we spoke with said, "People should be supported to do as much as they can. We are there to assist and support, not take over." We saw staff treating people with dignity and respect. We saw that staff and managers had a good rapport and actively engaged with people who visited the service's office to speak

with us.



## Our findings

People told us that they chose what care and support they needed and staff supported them to live the lives they wanted to lead. One person told us, "I can go out when I'm ready and I go out and about myself... but they [the staff] have my phone number and if there's a problem, I can ring them."

People had an initial assessment before they began using the service to discuss their needs and how they wanted staff to support them. People were involved in developing and reviewing their care plans to ensure they reflected their latest needs and wishes. A person who used the service told us, "We have meetings to talk about if I'm happy." Care records showed that people had been provided with care and support that was reflective of their expressed needs and wishes.

People were given control and ownership about how their care was provided. We reviewed one person's care records and noted that they had signed to indicate they agreed with their care plans. Staff described to us that people were central to how care was provided and how they put this into practice. One staff member told us, "You need to have the right approach with individual people, use the right tone of voice and listen to people." People told us and records confirmed that support plans had been regularly reviewed and updated to ensure they reflected any changes in people's needs and wishes.

Staff we spoke with knew people's health conditions and what this meant for them. For example, staff described how individual people would react to certain situations and what their triggers to behaviours were. Staff knew how to respond during these episodes and achieve the best possible outcomes for people. Staff responded to people's cultural and spiritual preferences. These were discussed and recorded within people's individual support plans. We saw that some people had expressed their end of life preferences so staff would be able to support them in line with their wishes.

People were supported to engage in a range of activities which reflected their likes and interests. Some people attended day centres, others were involved in employment and others attended college and accessed community links like shops, café's and places of interest. One person told us, "I love watching television and playing on my play station. I also go out with staff for meals and we go on holiday together."

People were supported to maintain positive relationships with the people that mattered to them. One person told us, "I see my mum a lot." Relatives we spoke with confirmed that they valued their time spent with their loved ones. One member of staff told us, "I went with [name of person] to help him choose a birthday card for his mum."

People who used the service and their relatives told us that the registered manager and staff were approachable and would tell them if they were not happy or had a complaint. They were confident that the manager would make any necessary changes within a timely manner. One person told us, "Any complaints I would go straight to [name of registered manager]."

The service had a complaints procedure in place. We saw evidence that people and their relatives had raised complaints and concerns and these had been responded to and resolved. The complaints procedure was accessible and available in different formats to meet people's needs. This ensured the procedure was inclusive to all people.



## Our findings

People and the relatives we spoke with were confident in the way the service was managed and felt they received a good quality service. They described the registered manager as accessible and enabling. One person told us, "I like to be with [name of registered manager]. She is nice." The registered manager had a good knowledge of all the people who used the service and frequently made visits to see them and to check on the quality of the service they were receiving.

The registered provider stated in the provider information return (PIR) 'People who use our service and staff are actively encouraged to uphold our core values and help develop the service. We do this by holding regular staff meetings, service user meetings, and invite new ideas to assist service users and improve care given'. We found that the registered manager ensured that people who used the service, their relatives, staff, and other health professionals were asked for their views about their care and support provided. One person said, "I go to meetings to talk about what we like to do and if we like the staff."

People were encouraged to make decisions about the way the service was run through meetings and satisfaction questionnaires which were available in alternative formats to meet the communication needs of all people. The overall feedback received was generally positive and whilst action had been taken following feedback this had not been consistently recorded. The registered manager advised us they were planning to develop a system to display the 'You said' and 'We did' comments for people to see that their views had contributed towards improving the service.

Our inspection visit and discussions with the registered manager identified that they understood their responsibilities. The registered manager described ways in which they were up to date with changes to regulations, such as a requirement to display their latest inspection rating. We saw there was a rating poster clearly on display in the office. Organisations registered with the Care Quality Commission have a legal obligation to notify us about certain events. The registered manager had ensured that effective notification systems were in place and staff had the knowledge and resources to do this.

The registered manager worked in partnership with other providers in order to improve the service. They told us they had access to resources that were relevant to the care sector, for example Skills for Care and Social Care Institute for Excellence. This meant that they kept up to date with the latest guidance and best practice.

There was a clear leadership structure within the service. Staff we spoke with told us that they were happy in



their jobs and felt supported by the management team. Staff described an open culture, where they communicated well with each other and had confidence in their colleagues and in their manager. Staff told us and we saw evidence that staff meetings were held regularly and staff were encouraged to complete annual staff surveys to express their opinions about the service. A member of staff told us, "[name of registered manager] is very knowledgeable and hands on, we learn from her. We are encouraged to give our opinions."

The registered manager had developed a wide range of audits and checks to ensure that the service being offered was meeting people's individual needs and meeting the requirements of the law. However, whilst the registered manager kept records of when staff had completed training they had not kept an oversight of when they were due for updates in training. Although we did not find evidence that this had impacted on people's safety or satisfaction, maintaining an accurate and complete training records would ensure that the needs of people are met consistently by staff who have the right knowledge and skills. The registered manager sent us an action plan to address the gaps in training following this inspection.

The registered manager described how they reviewed all complaints, accidents, incidents and safeguarding alerts on an annual basis and advised us that they had plans to undertake the reviews on a more frequent basis. We saw that the service made daily telephone calls to the supported living accommodations to ensure people were safe and happy with the service being offered.

The registered manager worked closely in partnership with other agencies including day centres and health and social work care professionals and other services to promote the well-being of people who used the service.