

Mrs Deborah Ann Plant

# Community Living Project

## Inspection report

29 Loughborough Road  
Quorn  
Loughborough  
Leicestershire  
LE12 8DU

Tel: 01509620858

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28 September 2018

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service caring?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

We inspected the service on 27 and 28 September 2018. The inspection was unannounced. Community living project is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service accommodates nine people.

On the day of our inspection nine people were using the service.

The care service had not originally been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. However, people were given choices and participation within the local community was encouraged.

At the last inspection we carried out in July 2017 we found that the provider's systems and processes to monitor and respond to incidents had not always been sufficiently embedded and followed. This was a breach of Regulation 17: Good governance the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider was still in breach of this regulation because systems and processes for monitoring the quality of service provision were not always effective.

An incident had not been reported to the local authority or CQC. Staffing numbers were not planned and reviewed with consideration to people's needs and dependency levels. This meant people did not always have their needs met in a safe way. Staff recruitment procedures were safe because checks were carried out on the suitability of the staff member before they were offered employment. People received their medicines in a safe way and at the right time. Risk was assessed and staff knew what action to take in the event of an emergency.

The decoration and maintenance of the premises did not meet people's needs in some areas. Some people's rooms were untidy and were not personalised. Staff received training but did not have all the training they required to meet people's needs. People were supported to eat and drink enough and to have a balanced diet. People had access to the healthcare professionals they required. Staff obtained people's consent before offering care or support and were following the principles of the Mental Capacity Act. People had positive relationships with staff and they knew how to comfort people when they were distressed.

Some language used in care records was not respectful. Staff did not always have time to spend with people and people were not fully supported to express their views.

People's needs were assessed but these were not always planned for. People had access to a range of activities but there was little opportunity for activities that people could have an active involvement in

opportunity for work and education. There was a complaint procedure which was also available in an easy read format. The Accessible Information Standard was not being met and people were not always supported to communicate or provided with additional tools for communication. People's preferences and choices for their end of life care were recorded in their care plan.

People and relatives had limited opportunity to be involved in developing the service and were not involved in reviewing care and support plans. Staff were not always actively involved in developing the service.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not consistently safe.

The provider had not always taken the appropriate action following significant incidents.

Staffing numbers were not planned with consideration of people's dependency needs.

People received their medicines in a safe way.

### Is the service effective?

**Requires Improvement** ●

The service was not consistently effective.

The premises were not decorated or maintained to a suitable standard.

Staff had not received all the training they required to meet people's needs.

People were supported to eat and drink enough and to have a balanced diet.

Staff followed the principles of the Mental Capacity Act and obtained consent before offering care and support.

### Is the service caring?

**Requires Improvement** ●

The service was not consistently caring.

Staff interaction were positive but language was used in care records that did not promote dignity.

People were not always involved in decisions about their care and support.

### Is the service responsive?

**Requires Improvement** ●

The service was not consistently responsive.

People's needs were assessed but not always planned for.

People and relatives did not contribute to the planning and review of their care and support

The provider displayed information on how people could make a complaint.

**Is the service well-led?**

The service was not consistently well led.

The provider's systems and processes to monitor and improve the quality of service provision were not always effective.

People, relatives and staff were had limited opportunity to be involved in developing the service.

**Requires Improvement** 

# Community Living Project

## **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 comprehensive inspection took place on 27 and 28 September 2018 and was unannounced.

The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has had personal experience of using or caring for someone who uses this type of care service.

Prior to this inspection, we reviewed information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also considered the last inspection report and information that had been sent to us by other agencies. We also contacted commissioners who had a contract with the service.

During the inspection, we spoke with six people who used the service and two relatives for their views about the service they received. We spoke with the registered manager and four care staff.

We looked at the care records of three people who used the service. The management of medicines, staff training records, as well as a range of records relating to the running of the service. This included audits and checks and the management of fire risks, policies and procedures, complaints and meeting records.

# Is the service safe?

## Our findings

At our last inspection in July 2017 we found that improvements were required because the provider had not always taken the appropriate action in response to serious incidents. The provider sent us an action plan telling us they had delivered further staff training about safeguarding people from abuse. At this inspection we found that another incident had occurred which had not been reported to the local authority safeguarding or to the CQC.

Staff knew how to recognise the signs of abuse and when to report it. Staff were able to describe the actions they would take if they suspected abuse.

Staff told us they had completed on-line training about equality and diversity. Staff were confident that people's individual needs and protected characteristics under the equality act would be respected. However, one person was not supported to follow their chosen faith.

Risks to people's health and well-being were assessed and the action staff should take to keep people safe was recorded. For example risk of falling had been assessed and a management plan was in place. Each person had a personal evacuation plan to follow in the event of a fire. A fire officer visited the service and carried out an inspection shortly after our inspection. They found the provider was 'broadly compliant' with fire safety regulations and had some ongoing work to complete which was listed in their fire risk assessment.

Staff knew what to do in the event of an accident. We observed staff dealing with a situation where a person had fallen. We saw that they assessed the person and quickly took the appropriate action.

Where people had behaviour that may put themselves or others at risk, this was recorded along with actions staff should take. Staff completed records to record challenging behaviour and what triggered the behaviour and any action that was taken. The registered manager checked these records every month and reviewed people's support plans. The registered manager told us that the use of 'as required' medicines had reduced as a result of positive behaviour training provided to staff. Records showed that this type of medicine had only been used on one or two occasions.

One person and one relative told us they did not feel there was always enough staff on duty. Especially at weekends when there was often only two staff during daytime hours. There was no recognised staffing dependency tool used to calculate the skill mix and numbers of staff required to meet people's needs and keep them safe. We could not see how people's hours had been calculated or reviewed by the local authority to support them out in the community which meant they spent long periods in the home.

During our visit staff were constantly busy and had little time to spend one to one with people. There were two incidents during our visit that staff had to deal with which meant there was only one member of staff then available for other people using the service. Some people had behaviour that put themselves or others at risk. There was only one member of staff on duty at night and it was not clear how one member of staff

could manage people's needs safely. There was a second member of staff on call but they were not on the premises.

People received their prescribed medicines in a safe way. Staff had received training about this and had their competency assessed by the registered manager. Medicines were stored securely. Records were accurate and up to date with protocols in place where people required medicine when they needed it. This meant that staff knew when to give this medicine in line with the prescribing doctors instructions. People had their medicines reviewed by the prescribing doctor to check that it was effective and still required.

Two people's rooms appeared untidy with no plan as to what was required to help the person maintain a clean environment. There was a strong unpleasant odour in one person's bedroom and in the nearby corridor. Care staff were responsible for cleaning as there were no separate cleaning staff. There was a copy of best practice guidance about infection control and prevention, however, there were no cleaning schedules and the audit used to check the standard of infection prevention and control did not consider this guidance or if staff were following it.

We recommend the provider considers best practice guidance regarding ensuring people live in a safe, clean and secure environment.



## Is the service effective?

### Our findings

The decoration and maintenance of the premises did not meet people's needs or ensure they had a comfortable living environment. Some communal areas and people's private rooms were in need of redecoration and refurbishment. There was peeling wallpaper, scratched paintwork, white paint stains on brown wooden doors and a stained carpet in the downstairs corridor. The provider had refurbished the shower rooms and bathrooms to a good standard but the communal areas and people's bedrooms did not provide a suitable or pleasant environment for people. The provider was in the process of converting an office into a bedroom. This resulted in part of the lounge area being used for staff office space. This meant there was less communal space for people to use.

Some people's private rooms were not personalised, they were stark and bare in appearance. One person did not have a bed but instead slept on a mattress in an alcove in their room. Staff told us the person had chosen to do this but there was no documentation to support this decision or evidence to say how this came about. There appeared to be no reason that this was the case or if the person's comfort had been considered. Communal space was reduced because of ongoing building work, people who used the service had not been consulted about this change.

Staff had received induction training and further on-line training. There was no specific training provided to staff about supporting people with a Learning Disability or any of the specific individual needs people had. For example, one person used sign language to communicate and only one member of staff had received training about this and others only knew some basic signs. There was no training plan in place to address this. The registered manager was not using the 'care certificate' as part of staff induction training. The care certificate is the benchmark that has been set for the induction of new healthcare assistants and social care support workers and is therefore what we should expect to see as good practice from providers. The registered manager told us they planned to introduce this, however, we did not see any plans that supported this from the provider or registered manager.

People had enough to eat and drink and received support where this was required. Some people indicated that the meals provided were acceptable but could be improved upon. One person told us how they aimed to eat a healthy diet and how staff helped them to achieve this. Menu choices were discussed at meetings and each person was able to choose what they wanted, this was then added to the weekly menu choices. We observed the lunchtime meal during our inspection. People were offered sandwiches of their choice and other snacks. The atmosphere was relaxed and unhurried. Most people chose to eat their lunch in the garden, they chatted to each and to staff as they ate their lunch. Menu records showed that there was a variety of nutritious choices available. People could have something else if there was nothing on the menu they wanted that day. People had access to snacks and drinks and fresh fruit. Some people required additional support with eating and drinking. Staff had contacted the appropriate healthcare professional and were following their guidance. Staff knew about people's individual eating and drinking needs and made referrals to appropriate professionals such as speech and language therapists when this was required and this was done in a respectful manner.

Staff had contacted the appropriate healthcare professional and were following their guidance. People told us they could see their doctor if they needed to and staff would support them to get to their appointments. One person told us they had recently had an annual health check-up. Records showed that people had access to doctors, dentists, opticians, nurses and other healthcare professionals that they required.

Consent to care and treatment was sought in line with legislation and guidance. People told us they could make choices about their day to day lives, however, some people had their personal money managed by the provider, there was no record of people being consulted about this or giving their consent. One person did not have access to all the money they were entitled to. We asked the registered manager about how people's personal money was managed. They told us that the Local authority had been in to talk with people earlier in the year and people said they were happy for the provider to manage their money and be an authorised signatory on their accounts. However, while the registered manager had access to a 'float' of money that could be provided to people on request, the registered manager was not aware of how much money people received or had access to. This meant that people did not have access to this information and could not properly plan their budgeting and spending needs.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We saw that people had their capacity to make some decisions assessed. Staff had received training about this. Staff told us they would never use restraint, they knew who had an authorisation in place in order to keep them safe.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). One person had a paid representative who checked every few weeks that the DoLS was being applied correctly.

## Is the service caring?

### Our findings

People were not always treated with kindness, compassion and respect. People had a 'key worker'. This meant there was a member of staff allocated to them that they could talk to and ask for further support should they need it. Records showed that key workers recorded monthly updates about people. However, there was no evidence of key workers involving the person in the monthly evaluations or taking their views into account. Some of the records used language that was disrespectful and inappropriate about the person and their behaviour. There was no evidence of key workers involving the person in the monthly evaluations. Some staff wrote about people and gave their opinions about why a person was behaving in a certain way instead of involving the person and finding out what support the person needed. This did not support or promote compassion or dignity.

Staff did not always have the time to spend with people or support them as they needed. There were no practical arrangements organised so that staff had time to listen to people, answer their questions, provide information, and involve people in decisions. A relative told us they were unable to visit the service because of a health condition and that staff used to bring their relative to see them. However, these visits had stopped because there were not enough staff to support the person. This was a close and important family member that the person had very limited access to. Therefore, the provider and registered manager had not ensured that people could communicate and have visits to relatives maintaining important relationships. Another relative told us they were made welcome at the service and could visit at anytime.

There was very limited access to any technology or information in accessible formats to assist communication between people and staff so that staff could support people to express their views. Records from meetings known as 'residents meeting' documented that people had been asked about menu and activity choices with no other items recorded on the minutes.

Interactions we saw between people and staff were positive and people were relaxed around staff. During our visit one person had a fall and staff responded quickly. Staff showed concern for the person's wellbeing and were able to provide effective reassurance and support.

People had their own private rooms which they were able to lock. Some people's rooms were not maintained or decorated to an acceptable standard. Communal space was limited because part of the lounge was being used for office space. CCTV was in use in all communal areas. We saw that people and their relatives had been consulted about its use and had agreed to it. Staff knew how to protect people's privacy when providing personal care.

People had access to advocacy services, this meant that an independent person came in to assist people about making decisions.

## Is the service responsive?

### Our findings

People's physical, mental health and social needs were assessed before they began using the service. However, this information was not always used to develop a plan of care about people's social and cultural needs. Care and support plans contained important information such as health care needs and people that were important to the person. There was also a record of people's goals and aspirations but there was no evidence that these goals had been realised or any action taken regarding how they could be supported to achieve them. People and their relatives told us they had not had an opportunity to be involved in reviews about their care and support needs.

People had access to a range of activities such as attending discos or going out to eat or to shop. There were few opportunities for activities which were based on the person's unique interests or hobbies or which they could play an active part in. There were no opportunities for work or education. Some people wanted to go out more but were unable to do so as there were not enough staff to support them. One person told us they used to go swimming and would like to do this again and would like to visit a library. One person used to attend a place of worship but no longer had opportunities to follow their chosen faith. One person's care plan instructed staff to provide a 'clear structured routine throughout the day' in order to reduce any risky behaviours. There was minimal structure to this person's day and this person displayed risky behaviours on a daily basis. None of the people we spoke with knew what activities had been planned for that day. We saw that another person was either asleep in the lounge or walking around the communal areas looking for something to do. Two people told the inspector that they wanted to go out but were not able to.

Some people had communication difficulties and we saw that staff could understand what people said for the majority of time. One person had a lanyard with picture cards to help them communicate. There were a limited number of pictures on the lanyard and this person did not have access to any other books or pictures. This did not support the person to communicate all of their needs. Apart from this we did not see staff use any other communication tools or other ways to assist people to communicate. Staff had not received any additional training about effective communication. Information was not provided in an accessible format, there was an easy read complaints procedure and explanation of the CCTV system but otherwise the provider's Statement of Purpose and other records were not available in any other format. We saw that one person communicated by pointing at the things they wanted but no picture aids or other tools were used. The daily menu was displayed on the wall. However, the menu was not up to date (the previous days menu was displayed) there were no pictures and some people would not be able to read it. The registered manager was aware of the Accessible Information Standard (AIS) but had not yet taken action to meet it. From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers. The registered manager had plans to look at this standard and work towards meeting it.

The provider failed to ensure that care and treatment of people using the service was appropriate, met their

needs and reflected their preferences. This was a breach of Regulation 9 Person-centred care.

The provider's complaints procedure included timescales for investigation and response. The registered manager told us they had not received any complaints since their last inspection.

People's preferences and choices for their end of life care were recorded in their care plan. People who used the service were young and healthy and so there was no-one in receipt of end of life care, however people's wishes had been explored. The registered manager told us they would seek advice from healthcare professionals such as community nurses and Macmillan nurses should they need to.

## Is the service well-led?

### Our findings

At our last inspection in July 2017 we found that improvements were needed and the provider was not meeting Regulation 17: Good governance the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider's systems and processes to monitor and respond to incidents had not always been sufficiently embedded and followed. The provider sent us an action plan telling us how they were meeting this regulation.

At this inspection we found the provider was still not meeting this regulation. An incident occurred which had not been reported to the local authority safeguarding or properly investigated. There was no system in place to monitor and measure the dependency of service users and ensure staffing levels were adapted accordingly. Systems to assess, monitor and improve the quality of the service did not identify that the decoration and maintenance of the premises did not meet people's needs.

All accidents were recorded but there were no arrangements for reviewing and investigating safety incidents and events when things go wrong. There was no evidence of how lessons were learned or the identification of themes so that action could be taken.

Systems and processes to monitor and improve the quality of service did not identify that some records used language that was disrespectful and inappropriate about people and their behaviour. There was no evidence that people had not been involved in reviewing the care and support provided. This meant the quality of the experience of the person had not been assessed or improved. From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard. People's needs regarding accessible information and communication were not always met.

The provider failed to ensure that they had established adequate systems and processes in place to make improvements or monitor the quality of care being provided to people. These matters constituted a breach of Regulation 17: Good governance the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People, relatives and staff had limited opportunity to be involved in developing the service. The registered manager gave us an example of when people had been involved and that as a result of listening to people, a change was made to the timing of the brunch meal which was served at the weekend. Records showed that people had been asked about the meals and activities they liked but no other items were discussed. A survey had been sent to people's relatives, two were returned, both were positive. Staff were not encouraged to consider or suggest new ways of working and did not always feel listened to. Staff meetings were held but there was nothing recorded about staff views or feedback. The registered manager told us they checked staff competency and day to day practice by carrying out random spot checks. There were no records of these checks so we could not be sure they were taking place or that improvements made.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider failed to ensure that the care and treatment of people was appropriate, met their needs and reflected their preferences.</p>

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems and processes to monitor and improve the quality of service were not effective because they did not identify shortfalls or drive improvement.

### **The enforcement action we took:**

Warning notice