

# Community Living and Support Services Limited







## Community Living & Support Services Limited

### 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	

### Overall summary

This inspection took place on 5 and 12 December 2014 and was announced. The provider was given 48 hours' notice of the first date of our office visit. This was because the location provides a domiciliary care service and we needed to be sure that we could speak to someone who co-ordinates the staff providing personal care. At our last inspection in March 2014 the service needed to make

improvements to support people with the management of their diet, monitor that staff complied with the policies of the service and ensured that people received the service at the times it was commissioned. They responded to the actions and told us what they us were going to do. We found that improvements had been made in these areas.

# Summary of findings

At the time of the inspection the service was providing a personal care and support service to 11 people in their own homes and 21 people who lived in supported living flats.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We spoke to some people who used the service on the telephone and some people came into the service's office to speak with us. People we spoke with told us they liked the staff supporting them and felt safe when they were being supported. Staff understood what signs to look for that may indicate that a person was unhappy or being abused and were confident any concerns they had would be taken seriously.

People were being supported by enough suitably qualified and trained staff. Staff we spoke with were knowledgeable about the care that people needed. Staff had received suitable induction and training to meet the needs of people living in their own homes.

The Mental Capacity Act 2005 (MCA) states what must be done to ensure that the rights of people who may lack mental capacity to make decisions are protected,

including when balancing autonomy and protection in relation to consent or refusal of care. The MCA Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to the Court of Protection for authority to deprive someone of their liberty. We did not find anyone being deprived of their liberty and people were being assisted to consider any choices that may be unsafe for them.

People were supported and encouraged to eat healthily and sufficient amounts to maintain their health and received their prescribed medicines safely. They had access to appropriate health care when needed and were supported to maintain and develop daily living skills. Professionals from social care and health backgrounds that we spoke with were happy with the support provided by the staff and management of the service.

Where the service was commissioned to support people with their leisure time we found that people were encouraged to look at work, educational courses and pursue their personal interests.

People who used the service told us that they could speak to staff and management about their concerns and told us that they would be listened to. The provider obtained feedback from people and involved relatives and professionals about the service to identify where improvements could be made.

# 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.

Staff in the service knew how to recognise and report abuse and risks to people's safety and wellbeing were identified and plans made to minimise these risks.

People received their medicines from staff who had been trained and there were systems in place to check that medicines were administered appropriately.

There were sufficient numbers of staff who were recruited safely and trained to meet the needs of people who used the service.

Good



### Is the service effective?

The service was effective.

People's legal rights were protected because managers and staff supported people to make choices when they had capacity to do so.

People were supported to have enough suitable food and drink when and how they wanted. Staff knew people's nutritional needs.

People had access to health care professionals and staff were trained to meet their specific needs.

Good



### Is the service caring?

The service was caring.

People told us that staff were caring and were kind when giving personal care or supporting them with daily living tasks.

People had access to a copy of their care plan and staff took time to discuss people's goals and aspirations.

People were treated with respect and staff were knowledgeable about how people wanted their support to be provided.

Good



### Is the service responsive?

The service was responsive.

People received the amount of support that they had been assessed as needing and were confident that if their needs changed the service would respond.

People were supported to maintain contact with family and people who were important to them.

Where it was part of the commissioned service people were supported to consider work, education and engage in their preferred interests.

People who used the service were confident that they could raise concerns about how the service was run and they would be listened to.

Good



# Summary of findings

## Is the service well-led?

The service is well led.

The provider monitored the running of the service and gathered people's views in order to develop action plans to improve the service.

**Good**



# 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 05 and 12 December 2014 and was announced. The provider was given 48 hours' notice of the first date of our office visit. This was because the location provides a personal care and support service in people's own homes and we needed to be sure that we could speak to someone who co-ordinates the staff providing personal care.

The service was inspected by one inspector supported and shadowed by a member of staff from CQC intelligence department. They had a particular role in collecting information about services before inspection and finding out how useful this information is in focusing our inspection.

During this inspection we spoke with five people who used the service, two health professionals, two social care

professionals supporting people who used the service and a local commissioning officer. In addition we spoke with five care staff, the service's administrator, deputy manager and registered manager.

Before our inspection we reviewed information the provider had sent us since our last visit. 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. Before our inspection we checked the notifications about the service. Providers have to tell us about some incidents and accidents that happen such as safeguarding concerns and serious accidents. We also looked at the findings from our last inspection so we could identify if the provider had taken the actions they said they would in response to our previous concerns. We used this information to plan what areas we were going to focus on during the inspection.

We looked at four people's care records to track how their care and support was provided. We looked three staff recruitment files, their training records and the summary of training for the whole staff team to identify if staff had the skills and knowledge to meet people's needs. We looked at staff rotas to see if people were being supported by enough staff in line with their care plans. In addition we looked the systems in place to monitor the quality of the service and the action taken for any identified shortfalls.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe with the care staff that were providing personal care or supporting them day to day. Their comments included: “I feel very safe when they [care staff] are here” and “Staff always try and make things right for me.”

There were appropriate arrangements to minimise the risk of people being abused. Staff, we spoke with, were able to tell us about the signs that may show that people were being abused and who they would report any concerns to within the service. Staff knew the agencies involved in safeguarding people from abuse that they could contact if they were unhappy with the response from the manager. They told us that they had training about safeguarding and maintaining the safety of people. A social care professional told us that safeguarding concerns had been referred to them appropriately. Although there had been some safeguarding concerns since our last inspection these had been between people who lived in supported living services and these had been appropriately referred to the local safeguarding authority. The provider had taken action taken to minimise the risk of these incidences from recurring and causing harm to anyone.

Risks to people were managed appropriately. There were risk assessments in place to cover any identified risk to people. Records showed that the manager and appropriate professionals concerned in the care of people spoke with people who were at risk of making unwise decisions that may adversely affect themselves or the wider community. They negotiated with people about actions that they could take to lessen these risks. For example they discussed ways in which people spent their money to lessen the chance of it running out and how a person travelled from place to place. These discussions and agreements made were recorded to enable people to understand risks and have strategies to manage them. The provider had suitable arrangements in place to respond to emergencies. These included a management on-call rota out of office hours. Where people lived in supported living environments there were plans to assist people to evacuate from the building in an emergency.

People told us that they received the support they needed at the times they expected. Their comments included: “The staff are bang on time” and “I know when staff should be with me but we have agreed if I am asleep they will come

into me later.” Health professionals and social care professionals told us that they were confident that people were receiving the amount of care and support that they had commissioned. One told us that the hours that had been commissioned were being used flexibly and this was in line with an increasing trend in the supported living service. We looked at the rotas of when staff were programmed to visit people and found that staff were deployed to provide support for the agreed amount of time that was commissioned but not always at the time commissioned in line with the wishes of people using the service. Staff told us that there were sufficient, suitable staff to keep people safe and meet people’s needs.

Staff files we looked at showed that staff only commenced working for the service after comprehensive checks had been completed. We saw copies of references and certificates of relevant training gained from previous employers and these checks helped to maintain the safety of people from exploitation and harm. A person who used the service told us that they had been involved in asking questions of applicants and this helped them be involved in how the service was run.

People we spoke with told us that that they received help from staff with the administration of their medicines. Some of their comments included: “I take my tablets myself and staff check that I have taken them, I take tablets for [health condition mentioned],” “They tell me all about my tablets” and “They check the tablets for me.” This showed that people received the support they needed to take their medicines safely.

Staff we spoke with told us they had received training on the safe administration of medicines and the staff files we looked at contained certificates of training in medicine administration. Staff we spoke with were clear about what steps they needed to take if an error occurred. They were aware of the checks needed to identify that people had their medicines administered safely.

Some people had some medicines which were to be given only if they became distressed. People’s records included details of how and when these medicines should be given. Staff were aware when these medicines should be given. Records we looked at showed the circumstances of why these medicines had been given and this corresponded to when medicine had been recorded as administered.

## Is the service safe?

People were given as required medicines safely. Where people refused prescribed medicines health and social care professionals were informed so that other action to keep people safe could be considered.

# Is the service effective?

## Our findings

People we spoke with confirmed they were happy and that staff knew how to help them. One person said: “Staff know what to do, they help me when I need it. I imagine they must have had training as they are very good.”

We spoke to a member of staff who had recently started work with the service and they told us that they had spent time in the office receiving training and looking at people’s care records and looking at policies and procedures. In addition that they had spent time shadowing other staff before being part of the expected number of staff needed to support people. Records indicated that staff had relevant training before they started with the service and had gained relevant experience. This indicated that the provider was trying to ensure that staff had the skills to support people appropriately from the start of their employment. Staff were given appropriate induction to the work and this helped to ensure that staff gave appropriate care to people.

The staff we spoke with were able to tell us about the needs of specific people including the extent of their abilities and the support they needed. The information they gave matched the people’s care plans. We saw records of staff’s training in relevant health conditions such as diabetes, epilepsy and autism. We looked at the training matrix for the whole staff group and found that the majority of staff had completed the majority of training with high attendance rates for training that reflected safety matters. For example 30 out of 34 staff had completed first aid, managing challenging behaviour, 33 out of 34 medication administration and 32 out of 34 safeguarding of adults courses. Some staff training was in need of updating. Records showed that staff were given training in areas of care that were relevant to people’s needs and ensured people’s safety.

All of the staff we spoke with said they felt supported and they were given regular supervision to discuss their training needs and any concerns that they may have about the care of people.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care. The MCA Deprivation of Liberty Safeguards (DoLS) requires providers to submit

applications to the Court of Protection for authority to deprive someone of their liberty. The manager was aware of the recent Supreme Court decision that in some circumstances that DoLS applications could be made for people who receiving support in their own homes. They told us that people who were having supervision 24 hours per day either from staff or by other means had capacity to make decisions and therefore it had not been necessary to submit any DoLS applications. This was confirmed by an external professional who was involved in supporting a person who used the service. Two people we spoke with told us that they had been or were being given training to maximise their ability to travel alone. We had no evidence that people who did not have mental capacity were having their liberty unlawfully deprived.

People told us they were being supported to have appropriate and suitable food and drink. Their comments included: “I get [named brand] meals and they [the staff] microwave them or cook me bacon and eggs,” “They [the staff] help me with cooking. We go shopping for food and then I make food like cottage pie and spaghetti bolognese.” Another person said “They help me plan my meals and go shopping.” Staff were aware of people’s cultural and religious heritage in helping with menu planning and cooking. People were supported to obtain and cook suitable food that they liked.

We spoke with staff about people who needed food prepared in different ways. Staff were able to tell us about the risks associated with eating food for some named people and the ways in which they had minimised these risks. They told us how they supported people to prevent choking and encouraged people as much as possible with weight management and this matched the agreed care plan. This meant that people were being supported appropriately with choosing a balanced diet that promoted healthy eating.

People we spoke with told us they were confident that staff would help them get appropriate health care support if needed. People’s comments included: “I am confident that if I was unwell they [staff] would get a doctor for me as they have done this in the past. They work with the district nurse to keep me well” and “Staff go with me to health appointments and they help to keep me healthy.” Records showed that people were supported by a range of health professionals according to their health needs. We spoke



## Is the service effective?

with staff about some specific health conditions and specific people's health needs. They were able to tell us about them and in what ways they tried to keep these people as well as possible.

Both health professionals and social care professionals we spoke with were happy with the support staff and management were providing with people's health care needs. This meant the service was working well with other agencies involved in people's health care.

# Is the service caring?

## Our findings

The comments from people we spoke with about their care included : “They [staff] are really friendly. They ask me: ‘How are you today? Surviving?’ and we laugh, ” “I love it here all the time, the staff are kind and helpful, they help me.” Another person said “The staff are good we can have a laugh and a joke” and “They [staff] are kind to me.” People we spoke with told us that they felt cared for.

The health professionals and social care professionals we spoke with told us they were happy with the care provided. They told us that staff worked well with the people that they were involved with and understood some of the difficult life and health issues some people had experienced. Staff spoke of the people used the service in a kind and appropriate manner and we saw that staff and managers had a good rapport with those people who attended the service’s offices to speak with us.

All of the people we spoke with knew that there was a care plan about how they were being supported in their property for them to look at. One person said: “My care plan is kept in my flat and it is easy for me to understand.” Records showed that care plans were reviewed with people so that people had opportunity to discuss their care with staff. People had access to information about their care and were able to influence how their care was provided.

People we spoke with who were living in supported living told us: “They help me keep my place clean and tidy and help me get my money,” “I help in the house, I clean things down. Staff are helping work towards me becoming independent” and “They have helped me with travel training so I can visit my mates.” Staff told us how they supported people, one member of staff told us: “We [staff] are given values within training which makes sure everyone [staff] knows the guys [people who lived in a supported living environment] remain independent as possible and are enabled to gain skills. To do this we try and focus on the positive [achievements].” People were supported to gain skills and be as independent as possible.

People confirmed that they were treated with dignity and respect. People lived in the own properties with their own keys. Staff supported some people on a one to one basis for large periods of time but allowed some time for people to spend privately. Staff we spoke with told us that they asked to be invited into people’s property. This respected people’s privacy.

People we spoke with raised no concerns about staff not respecting their dignity. Staff were able to tell us what steps they take to ensure that people’s dignity was maintained when attending to people’s personal care.

# Is the service responsive?

## Our findings

People received care that responded to their individual needs and wishes. People confirmed that if they needed extra support they would receive the help they needed. One person told us: “They will do some shopping on their way to visit me if I let them know; for example if I am running short of milk they will pick it up for me.” Another told us: “Yes, if I was unwell I am sure that the service would help me.” This indicated that arrangements were made to respond when people’s needs changed.

We found that the scheduling of visits to people ensured that the amount of one to one time people received from staff was as commissioned. However the timings of calls was not always as commissioned in supported living because some people were on flexible support packages which meant that the calls were not time critical. People we spoke with were happy with the timings of the support they received. The provider had ensured the service was provided in line with people’s needs and preferences.

A social care professional told us that the service had undertaken a thorough assessment of a person’s needs and aspirations before the service had started. This included meeting the person and finding out their interests and goals as well as speaking with all agencies involved. Detailed assessments ensured that care plans meet people’s needs and have regard to their expectations.

Efforts were made to ensure that people who used the service maintained relationships with people who were important to them. A person told us: “If I want to talk about my relationships I speak to one of the managers and they listen” and “The manager and me have meetings with my family and I go and stay with them [my family] sometimes.” Staff told us some people were encouraged to attend courses or speak with health professionals if people said they had problems with their relationships. A social care professional told us that the service was making arrangements to ensure that a person was able to have more access to the people that were important to them.

One staff member told us: “As long as people are safe we’re here to help them do what they want to do.” People were assisted to form and maintain relationships that were important to them and to help reduce feelings of social isolation.

Some care packages included giving people support and opportunities to be involved in their interests and hobbies. People we spoke with who had this type of support told us of their work experience and educational courses they had attended as well as how their interests were maintained. People’s records showed that they had been assisted to go to places and be involved in activities that interested them. The provider’s summary of the previous year’s community involvement showed a range of activities that people had the opportunity to be involved with. Interests and hobbies help to maintain people’s motivation and help them engage in positive activities.

The staff group included both male and female staff and staff from a variety of ethnic communities so people were able to have some support from staff that they may have identified with. Whilst people told us that they were supported to attend places of worship, we were told that at times there were no staff available to provide this support.

People who used the service and professionals we spoke with had no complaints about the service provided. People knew who they could raise complaints or worries with and told us that they would talk to specific named staff and / or the managers of the service. There was a complaint procedure held in people’s care plans. The provider maintained a log of complaints which showed that complaints were investigated and responses given in reasonable time. The deputy manager spent some of their time working shifts and when the managers were on call they responded when staff requested support. This gave people who used the service the opportunity to direct concerns to managers if they wished. Staff also told us that there was information in people’s homes to advise them how to contact the commission should they need to.

# Is the service well-led?

## Our findings

At our last inspection in March 2014 we found that there were not enough strategies to support people where there had been concerns about people's health being affected by their weight. Staff were not adhering to policies of the service and this was not being appropriately addressed and people were not receiving support at the times commissioned. The provider sent us an action plan following this inspection and on this inspection we found there had been improvements in these areas. For example, people we spoke with had been encouraged to consider healthy food and were offered support to cook. Staff were aware of presenting people with healthy food options and ways of preparing foods to enhance their nutritional value to help people who struggled to maintain a healthy weight. Staff had been informed that they were not to enter people's property without their permission ensuring that people's rights were maintained. There had been no further concerns raised with us about this.

People we spoke with were confident about contacting and speaking with the manager of the service. Two of the professionals we spoke described aspects of the service as excellent. One described the support as excellent to an individual person who used the service and another

advised that the management kept them informed of any issues. All four professionals spoken with said that the management worked with them to support individual people.

There had been an annual survey of people used the service and of involved professionals and visitors which was completed in April 2014. People who used the service had also spent time with staff on a monthly basis to look at their care plan do that they could raise any concerns. This indicated that arrangements were in place to gain people's views. The people that completed the survey were happy with the service provided.

We found that the manager had taken steps to look at how staff were performing their job roles and was taking action with staff who had not attending work as expected. This protects people from receiving an inconsistent service.

The provider had a system in place to assess the quality of the service they provided and identify how it could be improved. There was a review of the service undertaken in November 2014 and no issues were identified of concern although there were actions for continued improvement. The review was completed by a person who had experience of working with and managing a service for people with learning disabilities and autistic spectrum disorders and this helped to ensure that issues for people with these needs were recognised and any shortfalls identified.