Community Living and Support Services Limited

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Inspection report

Prospect House
40 Prospect Road
Moseley Birmingham
West Midlands
B13 9TB

Tel: 01214422089

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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 inspected Community Living and Support Services (CLaSS) on 14 November 2018. The inspection was unannounced. CLaSS 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 five people who have a learning disability or Autism spectrum disorder.

The care service has 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.

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

At our last inspection on 3 November 2015 we rated the service 'good.' At this inspection we found the evidence continued to support the rating of 'good' overall but there had been a deterioration in safe which was rated as 'requires improvement'. There was no evidence or information from our inspection and ongoing monitoring which demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service was rated as 'requires improvement' for 'safe' at this inspection. The processes in place for the administration of medicines were not always in line with good practice. Medicine administration records were not completed in line with the prescribers' instructions. Protocols for medicines which were given as and when required did not offer clear advice on when these should be given. Risks associated with people's needs had been assessed and measures were in place to reduce risks. There were sufficient staff to meet people's needs and safe recruitment procedures for staff were in place. Accidents and incidents were monitored to identify any trends and measures were put in place to reduce the likelihood of these happening again.

People continued to receive an effective service. Staff received the training and support they required including specialist training to meet people's individual needs. People were supported with their nutritional needs. The staff worked well with external health care professionals, people were supported with their needs and accessed health services when required. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The principles of the Mental Capacity Act (MCA) were followed.

People continued to receive care from staff who were kind, compassionate and treated them with dignity. Staff had developed positive relationships with the people they supported, they understood people's needs, preferences, and what was important to them. Staff knew how to support people when they were distressed

and made sure emotional support was provided. People's independence was promoted.

People continued to receive a responsive service. People's needs were assessed and their support was planned with them and or their relative where required. Staff knew and understood people's needs well. People received opportunities to pursue their interests and hobbies, and social activities were offered. There was a complaints procedure available if this was needed.

People continued to receive a well-led service. The monitoring of service provision was effective because most shortfalls had been identified and resolved. There was an open and transparent and person-centred culture with adequate leadership. People were asked to share their feedback about 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? The service has deteriorated to requires improvement because medicines processes did not follow good practice. Guidance for staff about when to give medicines which were not given routinely was not clear.	**Requires Improvement**
Is the service effective? The service remains effective.	**Good**
Is the service caring? The service remains caring.	**Good**
Is the service responsive? The service remains responsive.	**Good**
Is the service well-led? The service remains well-led.	**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 comprehensive inspection took place on 14 November 2018 and was unannounced.

The inspection team consisted of one inspector. Prior to this inspection, we reviewed information we held about the service such as notifications. These are events that happen in the service 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 four people who used the service and one relative of a person who used the service for their views about the service they received. We spoke with the registered manager and two care staff.

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

Requires Improvement

Is the service safe?

Our findings

People did not always receive their prescribed medicines safely. People had their medicine reviewed by the doctor. However, the medicine administration charts were written by staff at the service. The instructions on these did not always match what was on people's individual prescriptions. It is good practice for a medicine record to be checked and signed by two staff when it is not written by a pharmacist who is dispensing the medicine to make sure the instructions match what is on the prescription. The registered manager agreed they would ask the pharmacy to provide medicine records or get two staff to check and sign any records provided by the staff at the service.

People were supported to be as independent as they wanted to be with their medicines. Risk assessments had been completed to make sure people understood their medicines. One person told us, "I take my own medicines and staff check I have taken them." People's medicines were stored in their own rooms. The temperature of the areas where medicines were stored had not been taken. This is important as most medicines are supposed to be stored at a temperature lower than 25 degrees. The registered manager agreed they would check temperatures in each cupboard where medicines were kept.

People took some medicines as and when required. There was guidance for the staff on these medicines however this was not clear about when it should be given. The registered manager agreed to review this with the doctor who prescribed the medicines. Staff had received training about managing medicines safely and had their competency assessed. Staff were knowledgeable about people's medicines. Audits were carried out monthly to check that medicines were being managed in the right way. These audits did not ask for the temperature of the areas where medicines were stored to be checked which is why this had not been identified. The registered manager confirmed they would take robust action to ensure the practice around medicines was in line with good practice and people were receiving their medicines are prescribed.

People were protected from the risk of harm because there were processes in place to minimise the risk of abuse and incidents. Staff understood potential signs of abuse and what to do if they suspected someone was at risk. They had received training in relation to safeguarding people from abuse. Information was available for people if they felt they needed someone to talk to. Phone numbers and advice of who to contact were displayed around the service. One person told me, "I would speak to the staff or the [registered] manager if I needed to."

Risk assessments were in place and staff were knowledgeable about what action to take to reduce risk. For example, for some people, risk assessments were in place to support people at risk of displaying behaviour which put them and others at risk. Staff understood the triggers for this and what steps should be taken to support the person. Staff knew how to support people with their behaviour, positive behaviour plans were in place.

People were supported by sufficient numbers of staff who had the right mix of experience and skills. Staff communicated effectively with each other, people who used the service and external professionals. Staff had a calm approach and responded to people's needs in a timely manner. The provider had safe staff

recruitment checks in place. This meant that checks were carried out before employment to make sure staff had the right character and experience for the role. One staff member said, "I couldn't start until I had all my checks in place."

Accidents and incidents were recorded and analysed for themes and patterns to consider if lessons could be learnt and these were shared with staff. There were plans in place for emergency situations. For example, if there was a fire, staff knew what to do, and each person had a personal emergency evacuation plan. The environment was clean and tidy and staff knew how to prevent the spread of infection. Staff had access to equipment to maintain good food hygiene practices, such as different coloured chopping boards. Cleaning responsibilities were allocated to staff each day and checks were carried out.

Good

Is the service effective?

Our findings

People had their needs assessed before they began using the service to make sure their needs could be met. People told us staff 'were nice to them and helped them when they needed support.' Staff had received the training they required to do their jobs and they also received regular supervision and appraisal. This meant staff had opportunity to discuss their learning and development needs and their performance. Staff had an induction period and were supported to understand each person's needs. New staff were supported to complete the Care Certificate. Additional training had been arranged about people's specific needs, for example, the management of diabetes.

People were supported to eat and drink enough and maintain a balanced diet. One person told us they made their own lunch and helped to prepare the evening meal. They said, "I can cook my own food, but we eat together in the evening." The menu was agreed based on what foods people liked and healthier options were encouraged. The registered manager told us people could have an alternative to what was on the menu. The choice of food was varied, including fish and vegetarian options. There was fresh fruit and snacks available throughout the day for people to eat as they wished. People were supported to make their own food and drinks.

People had access to the healthcare services they required. One person said, "I am going to the hospital tomorrow to check my ears." Staff were knowledgeable about people's healthcare needs, they knew how to recognise when a person was unwell even when the person had difficulty communicating this. Staff requested healthcare support when this was needed and followed the advice given. There was good communication between staff and healthcare professionals such as community dentists. People had health action plans which detailed their health needs and how they were supported to meet these. This included regular appointments including the dentist, optician and doctor.

The premises and environment met the needs of people who used the service. Three people had self-contained flats which were used to help them develop their independent living skills. One person told us the best thing about living there was their flat as this gave them their own space and it was their home. People had chosen the colours their rooms were decorated in and what furniture was in their room. People with their own flats had kitchens including a washing machine so they could cook their own meals and do their own washing. The registered manager told us the flats were to support people to develop their skills so they were prepared if they wanted to move to a more independent setting such as supported living.

Consent was sought before care and support was provided. The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires, 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's capacity to make decisions was assessed where it was believed people did not have the capacity to make a specific decision. Best interest decisions were made with the involvement of appropriate people

such as relatives and staff. The MCA and associated Deprivation of Liberty Safeguards were applied in the least restrictive way and correctly recorded. Staff told us people were supported to make their own decisions. This included where a person found it harder to make choices and objects or pictures were used to help them understand the choice they were making.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care home, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). The registered manager told us there was no one at the service who was being deprived of their liberty. There was no evidence people were being deprived of their liberty.

Good

Is the service caring?

Our findings

People were treated with kindness and compassion. One person said, "Staff are lovely. They help me." Staff knew about the people and things that were important to them. They knew about people's preferences and how to get the best out of people. Staff showed concern about people's wellbeing and responded to their needs. They knew about the things that people found upsetting or may trigger distress and made sure they offered people the chance to talk about these things to reduce triggers. Relationships between staff and people were friendly and positive.

People's families were welcome and encouraged to be involved in making decisions about care and support where this was appropriate. People had reviews of their care and family were encouraged to be involved in these and were asked for their feedback. One person commented things were not always followed up quickly after reviews and they were still waiting for a change to their television they had requested. The registered manager explained the reasons for the delays and said they would chase this up.

People were given information in accessible formats including information such as what to do in case of fire and who to contact if people were not happy. When necessary, people had access to advocacy services if they required support making decisions. This meant people were supported to make decisions in their best interests and which upheld their rights. Staff said they had time to spend with people so care and support could be provided in a meaningful way by listening to people and involving them. The registered manager explained how one person had time set aside each week to discuss their post as they liked to enter competitions which meant they got a lot of junk mail. There was a 'key worker' system in place so that people had a staff member allocated to them to provide any additional support they may need. One person told us their key worker had recently changed and they were getting to know their new key worker.

People had their privacy, dignity and independence promoted. One member of staff told us how much one person had developed new skills since moving to the service. They said, "[Person] can now do so much and they have so much more confidence. It is lovely to see." The registered manager explained they were carrying out training with the staff around promoting people's dignity and this would be followed up with team discussions and observational supervision so they could see how staff put this into practice. People had keys to their room doors if they wanted them and were proud to tell us about them and how this meant they had control over who could come into their room. Staff knocked on people's doors before entering and addressed people in a respectful, kind and caring way. Staff were sensitive when supporting people. The layout of the building meant conversations held in communal rooms were not always private. The registered manager acknowledged this and said they prompted people to have discussions in their room if they were of a private nature. Staff respected people's choices and acted on their requests during our inspection.

Good

Is the service responsive?

Our findings

People received support which was based on their individual needs. If their needs changed the staff could respond to this and offer support which continued to meet their needs. People were involved in the care planning process and their preferences about the way they preferred to receive care and support were recorded. For example, people's likes and dislikes were recorded and staff were knowledgeable about these. As people's needs changed this was reflected in their plan of care. For example, staff supported a person to develop travel training skills so they required less support when going out. This was reflected in their care plan. The registered manager told us they reviewed all care plans with people at least annually to make sure their changing needs were properly recorded. They explained they would do this more frequently if needed.

People were supported to follow their interests and take part in activities that were socially and culturally relevant. One person told us they went to church every week, they enjoyed going to clubs to meet with friends and going to college. Another person explained they had been volunteering in a local shop and one person told us their friends visited them at home and they visited their family. People were supported to keep in touch with their family including via the telephone and skype.
People were asked about their personal goals and were supported to achieve these. This included short term or long-term goals, for example, one person had been supported to visit their family in a foreign country and another person had been supported to develop their skills in making their own food.

People received information in accessible formats and the registered manager knew about and was meeting the Accessible Information Standard. 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. The complaints procedure and what to do in case of a fire was available in an 'easy read format'. Health action plan information was available in a picture format. There were photographs of staff to help people understand who was working on shift and identify people.

The provider had a complaints procedure which they followed. The registered manager told us they had not received any complaints since the last inspection.

People's preferences and choices for their end of life care were recorded in their care plan. People had been asked about their preferences and wishes. People's families had been involved in developing these where appropriate to ensure people's wishes were supported.

Good

Is the service well-led?

Our findings

There was 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. The registered manager understood their responsibilities and sent us the information they were required to such as notifications of changes or incidents that affected people who used the service.

The management team carried out audits to check the service being provided was of a good quality and staff were working in the right way to meet people's needs and keep them safe. The audits had identified where works were needed to improve the environment and these had been carried out. The audits did not identify temperatures of areas where medicines were stored should be taken. The registered manager agreed these would be added to the audit.

There was a clear vision and culture shared by managers and staff. The culture was based on helping people to develop their skills. Staff knew how to empower people to achieve the best outcomes. One member of staff explained, "Working here is amazing. I have seen so many changes to people and to how to provide support. It has really opened my eyes." People who used the service knew who the registered manager was and enjoyed talking to them. Throughout our inspection people spent time with the registered manager and staff and seemed comfortable with them. The registered manager worked on shift with the staff so knew the needs of people well and supported staff to develop their understanding in how to meet these. Staff provided feedback about the management team which suggested they could approach them and felt supported. There had not been a team meeting for a few months. Staff told us they spoke regularly with all other staff and were kept informed of any changes. The registered manager told us they would be arranging meetings more regularly.

People who used the service and their relatives were asked for their feedback and encouraged to participate in the development of the service. People were sent surveys to complete. Surveys identified some relatives were not always happy with the communication between them and the management. The registered manager told us they were working to address this with the relatives. Feedback on actions taken had not been provided to people or their relatives. The registered manager told us they could provide this.

Staff worked in partnership with other agencies. Information was shared appropriately so people got the support they required from other agencies and staff followed any professional guidance provided.

The latest CQC inspection report rating was available at the service. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.