

Small Opportunities Limited

SmallOpportunities Office

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

About the service

Small Opportunities provides supported living to people living in the Brighton and Hove area. There were two houses and one two bedroom flat. The service supported ten people at the time of our inspection. The service provided 24-hour support for younger adults with a learning disability. The Care Quality Commission inspects the care and support the service provides but does not inspect the accommodation they live in.

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

People were kept safe from harm, and from the risk of abuse, by trained staff who cared about them. People's risks were assessed and continuously updated so that staff could look after them safely. Staff supported people to take their medicines safely and the service learned from things that went wrong.

Staff had specific training in people's particular needs. Staff had infection control training and food hygiene training. People and staff cooked together and made healthy food with a varied menu. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were caring and friendly. We saw staff and people joking and laughing together. Staff knew people extremely well and tailored their support accordingly. We observed strong relationships between staff and people due to the continuity of staffing and their approach. People were treated with dignity and respect by staff who encouraged them to be as independent as possible.

People's care was truly personalised. People were encouraged to fulfil their potential and staff took pride in seeing people get jobs and flourish in the community with a strong focus on enabling people to live full lives and make friends. The service acted on complaints and when necessary changed procedures to ensure incidents were not repeated. One person told us, "I like living with my friends and that there is only four of us. I like the food. I like the staff. I get to go out, I work at the local community garden project and make bee and bird houses. I love my life."

The registered manager was a positive, proactive person who supported staff well. Staff were proud to work for the service and enjoyed spending time with people. One staff member told us, "Everyone has a nice relationship and we are all respectful. The service is well-led and support is always available."

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The last rating for this service was Good (published 16 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well led.

Details are in our Well-Led findings below.

Good ●

Small Opportunities Office

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector over two days.

Service and service type

Small Opportunities is a domiciliary care service, which provides personal care and support services for a range of people living in their own homes. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This was an announced inspection. We gave the service 48 hours' notice of the inspection visit because we needed to be sure that staff and people would be available to talk to us.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used this information to plan our inspection.

During the inspection

We spoke to four members of staff, including the registered manager. We spoke to four people about their experience of the care provided.

We reviewed a range of records. This included three people's care records and multiple medication records.

We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at staff rotas and training data. We spoke with two professionals who visit the service, and four relatives of people who use the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems continued to ensure staff had the right guidance to keep people safe from harm. People told us they felt safe. One person told us, "I have my friends living with me and the staff make me feel safe. I can talk to the staff."
- Staff received safeguarding training and knew how to recognise the potential signs of abuse. One member of staff told us, "I would speak to the registered manager to raise concerns. I would speak to the person and get all the information I could, time place etc and write it down. I would complete an incident report and involve the police if a crime had been committed."

Assessing risk, safety monitoring and management

- People's risks were assessed to ensure that staff could give them the safe care they needed. People and families were asked to fill in a full assessment form about the person. Staff reassessed risk to people and updated the support plans accordingly. For example, medication, accessing the community and finances.
- Staff supported people to take positive risks, the registered manager gave an example where one person wanted to go to 'clubbing' independently. Staff worked with the person to help them understand how to keep safe on a night out and used guidance from the Police for students on staying safe. The person was encouraged to check in with staff and let them know when they had got home.
- Risks associated with the safety of the home and equipment were identified and known to staff. For example, how to evacuate the person in the event of a fire.

Staffing and recruitment

- The service had a consistent staff team many of who had worked at the service for many years. There were enough staff to support people safely and meet their needs. The registered manager told us, "Staffing is based on the needs of people and staffing levels are adjusted based on people's needs and the activities they want to do. We always have an extra member of staff to provide additional support where needed." People and relatives told us there was enough staff and staff had enough time to spend with them.
- Staff were recruited safely, and new staff completed an induction. Staff recruitment folders included, employment history checks, suitable references obtained, and appropriate checks undertaken to ensure that potential staff were safe to work within the health and social care sector such as Disclosure and Barring Service (DBS).

Using medicines safely

- People were supported to take their medicines safely. Systems were in place for staff to ensure people's medicines were kept securely and administered safely.
- The registered manager and staff carried out audits to ensure medicines were given correctly. Staff were

trained in medicines administration and did not administer medicines until their training was complete.

- Staff followed policies and procedures to support the safe storage, administration and disposal of medicines. There was guidance for administering 'as and when' required medications.

Preventing and controlling infection

- Staff had training in infection prevention and control and information was readily available in relation to cleaning products, processes and food hygiene.
- Personal protective equipment (PPE) such as gloves and aprons were available to staff when required.

Learning lessons when things go wrong

- The registered manager was keen to continue to improve the service and staff were encouraged to report things that could enhance the service.
- Incidents were discussed as they happened with staff and where appropriate additional training was sought where medication errors occurred, for example.
- Staff understood their responsibilities to raise concerns, record incidents and near misses.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager carried out a pre-assessment before people received care from the service. This assessment helped to form the person's care plan and to understand their care and support needs, including their background, interests, hobbies and preferences. People's care plans were further developed as staff got to know people.
- People and relatives told us, they were confident that staff understood their needs, and confirmed that staff sought consent before carrying out care and support.
- Protected characteristics under the Equality Act (2010), such as religion and disability were discussed and recorded as part of this process, if people wished to discuss these.

Staff support: induction, training, skills and experience

- Staff completed a comprehensive induction and training programme and had access to face to face and online courses. One member of staff told us, "We get lots of training and I feel confident to make requests for other training. We had challenging behaviour training, this has helped staff to manage situations that they would find intimidating." A professional told us, "I delivered trauma informed care training last year and found staff to be very open to learning new ideas, interested and adaptable. They spoke with compassion and genuine interest about the people they support."
- People and relatives told us they thought staff were knowledgeable and skilled to provide effective care and support.
- Staff received regular supervision and told us they felt supported on a day to day basis. One member of staff told us, "We get supervision, but as we communicate so well we are in constant contact and if I needed help or guidance I would contact the managers."

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

- People were supported to eat and drink enough to maintain a balanced diet. Staff and people at the service planned and cooked meals together. We saw staff and people cooking together.
- Staff were trained in food hygiene and followed support plans where people had specific dietary needs such as diabetes and food intolerances.
- Staff knew to report and record any risks to people's nutrition and hydration and seek appropriate advice from the GP to ensure staff supported people effectively. One member of staff told us, "We promote a balanced healthy lifestyle here and would liaise with the GP if we had any concerns."

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

- Staff worked well with other agencies to provide people with timely care. People's care plans included detailed information about health needs and when staff must involve other agencies in the person's care. For example, staff worked with one person and their GP regarding a skin condition to find the right application so that the person could apply their cream independently to manage their skin condition effectively.
- People's everyday health needs were overseen by staff who accessed support from a range of health and social care professionals such as GPs, social workers, dentists and a chiropodist. The registered manager told us, how people were supported to have regular check-up's such as smear and prostate checks. One relative told us, "When regular eye, ear and medical appointments occur, we are always contacted by staff and outcomes are discussed."
- People were supported to maintain good oral health care and their needs were assessed. Staff reminded and supported people to attend regular check-ups at the dentist.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

- Staff had a good understanding of MCA and were aware of their responsibilities to enable person-centred care and choice. One member of staff told us, "We give people time to express themselves, giving choice and supporting people in the decisions that they make. We never say no and always explain the possible outcomes of their choices."
- Staff received training in MCA and the providers policies and systems reflected the principles of the MCA and good practice.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were positive about the caring attitude of staff and told us they were well treated by kind and friendly staff who knew them well. There was a visible caring and person-centred culture and we observed strong relationships. One person said, "I like living with my friends and we all get on well."
- Equality and diversity were embedded in the principles of the service. Staff demonstrated an inclusive culture and respected everyone's individuality, valuing them for who they were without judgement. People were treated as equals and that they were important and mattered. No-one reported experiencing any discrimination. One member of staff told us, "I treat everyone how I like to be treated in my day to day life."
- Staff adapted their communication style and body language and recognised signs if someone was becoming distressed or anxious, offering the person reassurance. Using variety communication tools, such as pictures and symbols to support people in their understanding.

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

- Staff supported people to make decisions about the care and support they needed. Care plans showed people were involved in making decisions and how best to support them. Throughout the inspection, we saw people were given a variety of choices of what they would like to do and how they spent their day.
- People and relatives spoke highly about the communication with staff and managers, which enabled them to be fully involved and understand the decisions made about their care.
- Staff recognised that people might need additional support to be involved in their care and information was available if people required the assistance of an advocate. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights.

Respecting and promoting people's privacy, dignity and independence

- People told us, staff respected their privacy and treated them with respect. Staff gave examples of how they respected people's privacy by ensuring they knocked on doors and gave people space when needed. One member of staff told us, "I don't walk into anyone's room without knocking." The registered manager gave an example where they dropped one person off at the top of the road to go to work. This has meant the person feels more empowered and it has given them more independence to walk the final part of their journey to work.
- People were encouraged to be as independent as possible. Staff had an excellent understanding of the importance of supporting people to remain and develop their independence at home and when out.
- People's private information was secure. Care documentation was held confidentially and securely.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. Good: This meant people's needs were met through good organisation and delivery.

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

- People received care that was holistic and promoted their health and wellbeing. Staff had an excellent understanding of the people's social, cultural, sensory and physical needs that influenced how they received their care. People's care plans covered every aspect of their life, giving staff guidance around people's wishes and how best to support them. Enabling staff to provide flexible and responsive care to individuals needs and preferences.
- The registered manager gave many examples of how they have proactively supported people and fought for physical conditions impacting on their health and wellbeing to be investigated by professionals. For example, through the registered manager and staff's determination they were able to get the right diagnosis and treatment for one person, where a rare condition had been overlooked. This support led to the person's life being transformed where they are able to fully engage and participate in day to day life. Staff have also supported the person to attend annual conferences specific to their condition and meet other people with the same diagnosis, to help them understand the symptoms more.
- People their relatives and professionals, where appropriate, were involved in developing and reviewing care plans.

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

- The registered manager and staff had worked extensively to support people to pursue their hobbies and interests and provided activities that were meaningful and purposeful to them. People were supported to access the community and took great pride in their voluntary work with community projects, such as gardening and charity shop work. One relative told us, "A wide range of activities are arranged."
- People enjoyed annual holiday's abroad and at least two further short breaks across the year, these short breaks were planned around people's preferences and likes such as going on spa weekends. Following the success of a documentary in 2012 to 2015 which involved a television company following the lives of people using the service. The impact of participating in this documentary continues to have a positive effect on the lives of people using the service. The documentary won awards, people attended an award ceremony in New York and met Hollywood stars. The documentary continues to educate the public and change attitudes and has been recognised worldwide. One person told us, "I was so surprised, and I liked the red carpet and limo. I met celebrities and have auditioned for other programmes on TV. I was nervous but it's amazing."
- People were supported to maintain relationships with their friends, family and those important to them. The registered manager gave a lovely example where two people had planned to get married, staff noticed that this had put a lot of pressure on their relationship and they had started to drift apart. Staff worked with them and their families and established that they didn't want to get married but to continue as they were.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager understood their responsibilities around AIS and people's communication needs were identified, recorded and highlighted in their care plans if appropriate.
- Information had been developed based on the needs of the person to support their understanding, such as the use of pictures and communication aids specific to the individual.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place. The feedback we received about the complaints process was mixed in that relatives did not always know what the formal process was to raise a complaint. However, people and relatives told us they would raise any concerns with the registered manager.
- We reviewed the complaints received in the year to date. The registered manager had been proactive in responding and resolving issues in a timely manner.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager and staff were proactive, friendly and positive in their outlook to ensure care was person centred and achieved good outcomes for people. The feedback we received supported this. One member of staff told us, "We have fun with the guys, lots of banter, we have a laugh and it's a nice environment. It doesn't always feel like going to work and I never fret about coming into work."
- The positive culture was reflected across the service and throughout the care people received. People were keen to talk and share things with us about their days and experiences of the service. The registered manager told us, "We help people to become more independent and experience ordinary life. We make sure we don't stand out in the crowd and that people are given the same opportunities."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibilities under the Duty of Candour regulation. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment.
- Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had.

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

- The registered manager is clear about both their role and the role of the service and encourages staff to strive to provide good care for people. One member of staff told us, "Our role is to give people independence and opportunities to do what they want to do and help them have a good quality of life. For example, the guys really wanted to start playing snooker again, so staff found out where the nearest club is, and they play snooker every Friday night."
- The registered manager supported staff and observed care regularly. Staff understood their roles and responsibilities and understood the importance of their roles.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and relatives were engaged and given opportunities to be involved in the service, through daily feedback with staff, care reviews and meetings. The registered manager gave an example where they

worked with the person, relative and GP to improve a person's irritable bowel syndrome (IBS) as the medication was not working. Staff arranged for the person to have an intolerance test, which has led to the person's IBS being managed through their diet and not medication. One relative said, "I feel the service is very well managed, I am able to call and discuss any aspect of [person's] care."

- There was a strong emphasis on team work and communication and staff told us they felt supported, listened to and valued. One member of staff told us how they suggested getting a cross-trainer for people to use as well as going to the gym. The provider took action and brought one for people to use in their home.
- The staff were very proactive and had established good relationships with other services and professionals. One professional told us, "I have been very impressed with the team's partnership working and compassionate care."

Continuous learning and improving care

- The provider understood the importance of continuous learning to improve the care people received and ensure they were well supported.
- The registered manager had quality assurance systems in place to monitor the service and drive improvement through audits and learning. The registered manager carried out quality assurance audits to ensure good quality care was maintained. For example, people's care plans were audited monthly to ensure they reflected people's current needs and any changes in their care.