

Positive Opportunities Limited

# Positive Opportunities Limited - 83a Sutherland Avenue

## Inspection report

83a Sutherland Avenue  
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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?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Positive Opportunities Limited - 83a Sutherland Avenue, is a supported living service providing personal care to people aged 18 and over with learning disabilities and/or autism. At the time of the inspection, two people were living in a shared house and received personal care.

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

There were checks in place to monitor the quality and safety of the service but some were not recorded and so it was unclear how improvements or action needed were identified.

People were comfortable with staff and told us they felt safe at the service. Relatives remarked they felt their loved one's were safe. Staff understood their roles in safeguarding people from harm.

Risks to people had been assessed and staff knew people well and understood how to manage any risks safely. There was a process to identify learning from accidents, incidents and safeguarding concerns.

There were enough staff to support people and safe recruitment practices were followed. Medicines were safely administered and stored. The service had policies and procedures to respond effectively to Covid-19. Staff followed appropriate infection control practices to prevent or minimise the spread of infection.

People's nutritional needs were assessed and supported. Staff worked proactively with health professionals to meet people's health needs. Staff told us they received training and support to meet people's needs.

Staff asked for people's consent before they provided care or support. 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

People were supported by a small consistent staff team who knew them well. Relatives said staff treated people with care and kindness. Staff treated people with dignity, respected their privacy and encouraged their independence. People were now more involved and consulted about their daily care.

People had personalised plans for their care. These were up to date and reflected their needs. They were supported to take part in a range of personalised activities that met their needs. People's needs in respect of their protected characteristics, such as their ethnicity or disability were assessed and supported.

The registered manager understood the requirements of their role and fostered a culture of openness and empowerment. Staff worked in partnership with relatives, health and social care professionals and voluntary organisations. People's views were sought about the service informally and more formally through surveys to see if there were any areas for improvement needed.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

#### Right support:

The model of support provided was focused on giving people choice, control and as much independence as possible. People lived in their own shared house in a residential area similar to others in the road, with no distinguishing signs and access to transport links.

#### Right care:

People and relatives said staff were proactive in supporting people in a way that promoted their dignity, privacy and human rights. People were encouraged and consistently supported to develop and maintain skills and develop confidence. They had their own goals and ambitions which were regularly reviewed with them.

#### Right culture:

Staff told us that the provider and registered manager was committed to providing opportunities to ensure people using the service could lead confident, inclusive and empowered lives. They had for example previously organised a disco for people with learning disabilities in the area in a local night club.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good. (Report published 21 November 2019).

#### Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach.

#### 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?

Good ●

The service remained safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service remained effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service remained caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service remained responsive.

Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

# Positive Opportunities Limited - 83a Sutherland Avenue

## **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

This inspection was carried out by one inspector.

### Service and service type

This service provides care and support to people living in one 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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 inspection was announced. This was because it is a small service and we needed to be sure that people would be available to speak with us.

### What we did before the inspection

We looked at the information we had about the service including the last inspection report and we contacted the local authority to seek their views about the service.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used this information to plan our inspection.

During the inspection

We spoke with the registered manager, the co-director and a member of the care staff team. Not everyone using the service could express their views about their care so we observed them interacting with care staff in the communal areas for a short period as they did not want to speak with us. We spoke with one person using the service and a relative by phone to obtain their views.

We reviewed documents and records that related to people's care and the management of the service. This included two staff recruitment files, medicines records and incident records.

After the inspection

We spoke with two additional members of staff by phone. We continued to seek further evidence and clarification from the provider, which we have included in the report. We also spoke with another relative by phone to gather their feedback about the service. we tried unsuccessfully to gather feedback from two health professionals.

# 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: Learning lessons when things go wrong

- People were protected from the risk of harm, restraint or abuse. People told us they felt safe using the service and we observed they were comfortable in the presence of staff. Relatives said they thought their family members were safe at the service. One relative told us, "It's very safe, I can tell [my family member] is very happy there and feels safe."
- Staff knew how to identify abuse and neglect and understood their roles clearly. They were aware of the provider's whistleblowing policies. A whistle-blower is an employee who raises concerns about an organisation to other bodies. They told us they would not hesitate to report any concerns and felt assured the registered manager would act on these.
- The registered manager was aware of their responsibilities to raise safeguarding alerts and notify the Care Quality Commission about any allegations of abuse or neglect. They told us there was no restraint or restrictive practices in use at the service. There had been no safeguarding alerts since the last inspection.
- There was a system to identify and share learning across the home. Information from accidents, incidents and other events was considered by the registered manager for any additional actions needed and for learning. This was then discussed and shared with staff through team meetings.

Assessing risk, safety monitoring and management

- Risks to people were identified and assessed. Staff were aware of the possible risks people may be exposed to including any health risks and understood the actions to follow to manage possible risks safely.
- Risk management plans were reviewed in partnership with people and their families where appropriate to ensure they remained current and accurate. Pictorial information was used to communicate effectively about some risks with people. Positive risk taking was encouraged to support people lead as normal a life as possible within safe limits. For example, travelling independently where it was assessed as safe to do so.
- Staff supported people to monitor for any health and safety risks through a written health and safety check that was carried out with people and any issues were reported to the landlord for action. Copies of fire and legionella risk assessments and external servicing were shared with the provider, so they were assured about people's ongoing safety.

Staffing and recruitment

- People received support from a small number of consistent staff that they knew well. Relatives said they thought there were sufficient numbers of staff employed at the service.
- The registered manager said in an emergency there was always a staff member who would step in to provide cover.

- There were safe recruitment processes in place and checks were carried out on new staff in line with the requirements of the regulations. Disclosure and Barring Service checks on current staff were renewed at three yearly intervals. This ensured the provider kept an oversight to ensure any criminal offences would be made known to them.

#### Using medicines safely

- Medicines were stored, administered and disposed of safely. Staff received medicines training and a regular medicines competency assessment; to ensure they had the necessary skills to administer medicines safely. Medicines were stored securely.
- People had a pictorial medicines administration record (MAR) chart for staff to record the support given and to help them understand the different medicines they were prescribed and help them be as independent as possible. Where people were prescribed medicines as required there was guidance for staff to follow about when to administer them.
- People's medicines were reviewed regularly with health professionals.

#### Preventing and controlling infection

- People were protected from the risk of infection. People told us staff reminded people about the possible risks from infection for example about the importance of hand hygiene, how to reduce risks when travelling on public transport and social distancing. Staff carried out enhanced cleaning and supported people to keep their home clean.
- Relatives confirmed there were appropriate visiting guidelines in place and staff used personal protective equipment (PPE) such as masks. There were suitable hand washing facilities available.
- People had COVID-19 risk assessments to help reduce the possible risks. Staff confirmed that they tested for COVID-19 in line with guidance and the registered manager told us regular temperature checks and testing was carried out for people using the service.
- Staff told us they had access to sufficient levels of appropriate PPE, and we observed staff wore this at the inspection in line with guidance. There had been no infection outbreaks at the service during the pandemic.

# 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 now remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People told us staff asked for their consent before supporting them. Staff understood the principles of the MCA and asked for consent before providing personal care and support.
- Capacity assessments and best interest meetings were carried out for separate decisions where people lacked capacity to make a decision for themselves. These were held with health professionals, relatives and advocates as appropriate to the decision. For example, in relation to COVID-19 vaccination or medical treatment.

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

- A pre-assessment of people's needs, strengths and abilities was carried out to determine if the service could support them appropriately before they started to use the service.

Staff support: induction, training, skills and experience

- People received care from staff who were supported and trained for their roles. Relatives said staff seemed knowledgeable about their roles.
- New staff received an induction which included a period of shadowing more experienced staff. This ensured they developed an understanding of their role and the specific needs of people who used the service.
- Staff said they usually received regular supervisions and an appraisal in line with the provider's policy; although this had been less regular during the pandemic. However, they had felt well supported and

encouraged to develop.

- Staff told us they received sufficient training that was appropriate for their roles and confirmed there was a programme of refresher training provided.

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

- People were supported to eat and drink a balanced diet to maintain their health. People told us they were supported to do as much menu planning, shopping and meal preparation for themselves as they could. People's care plans detailed the level of support they needed.
- Staff knew people's food and drink preferences well. This included specific dietary or nutritional requirements they had.

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

- People were supported to access appropriate health care and had consultations with health professionals such as the doctor, or, optician. The registered manger discussed the steps they had taken in consultation with a health professional where people had anxiety about appointments.
- People had hospital passports to provide emergency staff with important information about them.
- The service worked with health and social care professionals such as community nurses and speech and language therapists and advocates to ensure people received the care and support they needed. For example, in relation to a recent operation for one person to ensure a positive outcome. People had a health action plan that identified people's health needs including oral care needs with guidance for staff on how to support them with their health care.
- Staff advocated with health professionals where appropriate in relation to the care provided in hospital to ensure good outcomes for people.

# 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.

Respecting and promoting people's privacy, dignity and independence

- People were supported in a way that promoted their dignity and privacy. One person said, "Staff are respectful to me." We observed staff spoke to people respectfully and knew people well. They understood their likes and dislikes and where people were unable to communicate verbally, understood the signs people gave or triggers to indicate a change in emotion or mood.
- Staff told us about the ways in which they promoted people's dignity, knocking on people's doors, working with them to remind them about their dignity during personal care and closing bathroom doors and curtains. The registered manager commented, "I observe my staff as being very caring in all aspects of support."
- In line with the principles of Right Support, Right Care Right Culture (RSRCRC) guidance people and their relatives told us staff supported them to be as independent as possible. For example, where appropriate people travelled independently to visit friends and family. People were supported to shop, wash or cook and with housework. Staff spoke of how they helped people to learn and maintain skills gradually. They said this helped develop their confidence; for example, in relation to aspects of personal care.

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

- People were treated with care and consideration. Staff knew people well and we saw people and staff interacted in a relaxed and friendly way and people were supported at a pace that was comfortable for them.
- Staff were aware of people's routines, likes and dislikes and signs of enjoyment or unhappiness. We observed staff spoke with people in respectful tones and showed warmth and empathy in their interactions with people they supported. Relatives told us they thought people were well looked after and supported. One relative remarked, "I am totally happy with the staff support."
- Staff provided care in a way that considered people's equality and diversity needs. Staff were aware of each person's history, cultural heritage and spiritual needs and wishes. People were supported to develop and maintain relationships with friends, family and significant others where appropriate and to lead as full and active lives as possible. Staff told us any spiritual or cultural needs would be identified before they were admitted to the service to ensure they could be planned for and met.

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

- People continued to receive the support and encouragement to make decisions about their care. People

and their relatives said they were involved and consulted about their care through meetings or more recently phone calls during the pandemic.

- People had keyworkers to help support them to communicate their views about their needs and support. Staff also talked as a group about how to best support people in making decisions and consulted relevant professionals when needed.

# 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.

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

- Support continued to be focused on people's strengths and in the least restrictive way possible in line with the principles of RSRCRC. People had individual support plans that detailed their health care and support needs which identified what they were able to do, as well as what they needed support with. For example, people were supported to manage aspects of their budgeting, medicines or use a mobile phone.
- Support plans included guidelines for staff on how to best support people as well as their preferences and likes and dislikes.
- People and their relatives said their care needs were reviewed regularly with people, their relatives and health professionals where appropriate. At the time of the inspection staff were working with one person to review their social and recreational needs.

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.

- People's communication needs continued to be met. Staff understood people's communication needs, preferences and knew how to support them to make decisions about the care and support provided. They were familiar with the signs from people's body language and facial expressions that would indicate their mood or preferences.
- People were able to access information in a format suitable for them. Key information such as hospital passports, the complaints process and easy read support plans were available in easy read and pictorial format. The registered manager said staff used pictorial information to help explain topics such as COVID-19, or activities.
- Staff had supported one person to develop a pictorial aid of the activities they took part in so they could when they wanted to, talk to their family about it.

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

- People and their relatives told us they continued to be supported to take part in activities of their choice and maintain social contact with people that mattered to them, despite the difficulties of the pandemic. One person was out visiting their family on the day of the inspection.

- Care plans considered people's preferences and the support people needed to maintain key relationships throughout the pandemic. Staff supported people to have visitors or visit their families as well as maintain special relationships and celebrating birthdays with friends.
- People were provided with opportunities to participate in meaningful social, educational and vocational activities although this had reduced as a result of the pandemic. People's interests were supported and encouraged. For example, people had attended day centres, college, work experience and Morris dancing. One person enjoyed collecting things and was supported to do this by staff.

#### Improving care quality in response to complaints or concerns

- People and their relatives said they had not needed to complain about anything and if they were unhappy about the support they received they would speak with the registered manager in the first instance.
- There was a process in place to manage any complaints should they arise. The registered manager confirmed they had not received any complaints since the last inspection.

#### End of life care and support

- People and their relatives were given opportunities to discuss their end of life care and their wishes were recorded. No one was receiving end of life care at the time of our inspection. There were end of life care plans that detailed people's recorded preferences for support and their wishes.
- The registered manager knew what to do if a person who used the service became unwell and needed end of life care. They said they would work with the person concerned, their family and relevant health and social care professionals to ensure their needs were met.

# 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 now deteriorated to requires improvement.

This meant the service management and leadership was inconsistent.

### Continuous learning and improving care

- There were systems to monitor the quality of the service, but some checks were not always recorded to evidence their effectiveness. For example, the checks of MAR and medicines stocks were not recorded to ensure medicines stocks tallied with the medicines records. We found a gap in a medicines administration record where the registered manager could not evidence the action taken to check that the medicine had been administered as prescribed. The registered manager acted to put in place a weekly recorded check of medicines immediately after the inspection.
- Risk assessments were not always dated to evidence when they had last been reviewed and to confirm the assessments were current. This meant there was a risk that the risk management plans may not include new information any unfamiliar staff needed.
- There were monthly recorded audits of other aspects of the service for example accident and incidents, staff training, infection control and aspects of medicines. Where action or learning was identified this was discussed at staff meetings. People completed their own health and safety checks of their home with the support of staff and any actions needed were forwarded to the landlord.

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

- People received care in a service where staff promoted an inclusive and empowering culture in line with RSRCRC principles. Staff were enthusiastic about their work and spoke positively of developing the strengths of the people they supported. One staff member said, "I love working here. We are a good team, we try our best to help people develop skills, be independent and lead a good life."
- People told us they were supported to make decisions for themselves. Relatives told us the registered manager was approachable and open to their views and involved them and people at the service actively in decision making where this was appropriate.
- Staff spoke positively about the management and leadership as person centred in their approach and wanting to empower people to be as independent as they could be. They told us the registered manager had helped organise a disco for people with learning disabilities in the area.
- Staff told us they had felt well supported by the registered manager during the COVID-19 pandemic and that she was approachable. For example, she had bought staff some additional clothes to wear at work to reduce infection risk.
- The registered manager commented, "We are all equal when we are supporting people, we all bring different experiences and skills to the team, we work collectively and we know the people we support."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: 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 understood their role, the requirement to notify CQC of significant events and their responsibilities under the duty of candour. Relatives said the registered manager kept them informed about any incidents or concerns and the action taken.
- Staff were clear about their roles and responsibilities and the importance of good communication between them about any changes to people's support needs or wishes. Staff told us they were a good team that communicated well and understood the importance of providing safe support.
- The registered manager held team meetings to ensure staff understood their roles in relation to meeting people's needs, to discuss the service and develop staff skills.
- The registered manager told us they kept up to date through attending local provider forums, training and reading new guidance.

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

- The service worked in partnership with people their families and professionals. Relatives said they felt involved and consulted. One relative remarked, "There is good liaison and I am consulted." The provider looked for feedback about the service informally from people and their relatives more formally through surveys. Completed surveys we saw were positive in response.
- Staff told us the provider and registered manager sought their views on how to improve the service. They were encouraged to discuss their ideas at staff meetings. One staff member said, "The manager does listen to your ideas and are willing to try new things." The registered manager told us they tried to encourage a culture of openness among the staff team to help encourage discussion and learning.
- Staff also gave feedback through surveys and team meetings. The surveys we saw gave positive responses. One survey commented, "The culture of the service is one of involving the staff allowing us to take on new challenges and to learn through training."
- We were unable to gain feedback from health professionals but records showed the service worked closely with them to ensure people's needs were met.