

CM Supported Living Services

CM Supported Living Services

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

CM Supported Living Services is a home care service providing personal care to people in their own homes. At the time of the inspection, four people received personal care services from CM Supported Living Services. Not everyone who used the service received personal care. We only inspect where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People's relatives were very happy with their experience of the service. One relative said, "I can't praise them enough." Another relative said, "They have been wonderful." The provider had processes in place to manage risks, including risks arising from the COVID-19 pandemic. We were assured the provider used personal protective equipment (PPE) in line with government guidance to protect staff and people who used the service. There were suitable processes to protect people from the risk of abuse or poor care.

People received care and support that was effective, based on detailed assessments and care plans, and delivered by staff with the necessary skills and training. 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 in a caring way. The service focused on people's independence and dignity, and respecting them as individuals. There were good relationships between people and their care workers.

People received responsive care. There were processes in place to make sure people received care according to their agreed plans, needs and preferences. There was a focus on people's communication needs where they did communicate verbally.

The service people received was well led. The service focused on person-centred care and good outcomes for people. There were effective systems in place to manage the service, improve the quality of care people received, and support staff to deliver high quality care.

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

Rating at last inspection

This service was registered with us on 19 April 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

CM Supported Living Services

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

One inspector carried out this inspection.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes. The service is also registered to provide care and support to people living in supported living settings. At the time of the inspection the only people receiving personal care were supported under a domiciliary care arrangement.

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. At the time of the inspection the provider was also the registered manager.

Notice of inspection

We gave a short period notice of the inspection so the provider could contact people we wanted to talk to and make sure they agreed to take part in the inspection.

Inspection activity started on 31 January 2022 and ended on 24 February 2022. We visited the office location on 31 January 2022.

What we did before the inspection

We reviewed all the information we had received about the service since it registered with us. We contacted four social care professionals who worked closely with the service. We used all of this information to plan our inspection.

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.

During the inspection

We spoke with relatives of two people supported by the provider. We spoke with the registered manager and staff.

We reviewed a range of records. This included four people's care records, and records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We continued to look at records the registered manager shared with us, and responses from social care professionals. We considered all the evidence collected during the inspection to inform our judgements.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems and processes in place to protect people from the risk of abuse. Staff knew how to respond to safeguarding concerns based on training which covered safeguarding of adults and children. One person's relative told us they had "absolutely" no concerns about safety
- The registered manager understood how to escalate concerns about people's safety and liaised with the local authority and other agencies appropriately.

Assessing risk, safety monitoring and management

- The provider had processes in place to assess individual risks to people's safety. A range of risk assessments were completed according to the needs of people and these were updated regularly. Staff knew people well and had the required information to support people safely.
- The provider had a monitoring system to check all tasks had been completed in care calls to ensure safe care was being provided.

Staffing and recruitment

- The provider had processes in place to recruit people safely and these had continued during the pandemic. They carried out the necessary checks to make sure staff were suitable to work in the care sector. We saw recruitment files were checked to ensure they contained the necessary records.
- The provider had made sure there were sufficient numbers of staff to support people safely during the pandemic. People's relatives told us they had no problems with missed calls.

Using medicines safely

- The provider had suitable processes and training in place to make sure people received their medicines safely. At the time of the inspection the provider was not supporting anyone with their medicines.

Preventing and controlling infection

- The provider made sure staff supported people in line with good practice in cleanliness and hygiene. People told us that staff had high standards of cleanliness and wore personal protective equipment (PPE) when supporting them. Staff told us they received appropriate training in infection prevention and control and had enough PPE to provide care safely.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was promoting safety through the layout and hygiene practices in the office.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- There were processes and procedures in place to learn from accidents and incidents. At the time of the inspection these had not needed to be used.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People's care and support was planned and delivered in line with current standards and legislation. The provider's policies, procedures and care plans reflected good practice and legal requirements. Feedback from people and their families showed this resulted in good outcomes for people.
- There were comprehensive assessments of people's needs, and support was regularly reviewed and updated. There was detailed information in people's care plans about medical conditions which were relevant to the care and support they needed.

Staff support: induction, training, skills and experience

- Staff had the right competence, knowledge, qualifications, skills and experience to carry out their roles. People were happy their care workers were trained appropriately, and staff were prepared to support people according to their needs.
- Staff had a comprehensive induction and did not work unsupervised until they and the registered manager were confident they could do so. Induction was based on the Care Certificate. The Care Certificate sets out an agreed set of standards for workers in the social care sector.
- The registered manager had a system to monitor staff members' training progress and completion. Staff were supported to deliver good quality care through training and regular supervision.

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

- People were protected from the risks of poor nutrition and dehydration. Where people were at risk their care plans contained instructions for care workers to reduce the risk, and to prepare healthy meals according to an agreed plan. Where necessary, checks were in place to monitor a person's weight.

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

- Staff worked with other health and social care professionals to make sure people had consistent care. There was a good relationship with local authority commissioners. One commissioner told us the provider was always willing to work with them and was open to feedback about people's care.

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.

- The registered manager and staff were aware of the legal framework around mental capacity and deprivation of liberty. At the time of this inspection, none of the people supported had been assessed as lacking capacity or had a Court of Protection order in place.
- Staff were aware of the need to make sure people agreed to all care and support. They respected people's decisions if they declined any planned care activity.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 well treated and supported in a caring manner. One person's relative told us care workers made calls enjoyable for both the person supported and the care workers themselves.
- The provider took into account the need to respect equality and diversity in their care assessments and support. Staff training included a course on equality, diversity and human rights.

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

- People were able to express their views and participate in decision making. Care workers engaged with people and their families, and the provider engaged with people when carrying out spot checks. One person used hand gestures to welcome their care workers when they arrived.
- People and their families were supported to communicate their views. There were regular service user surveys. The provider had carried out a satisfaction survey on how staff had managed people's safety during the COVID-19 pandemic. This included how well staff understood government guidance so they could advise people, for instance how to receive visitors safely in their homes.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's dignity and privacy. Staff understood the importance of treating people as individuals. The provider had arrangements in place to protect people's personal and confidential information.
- Care plans were written to foster people's independence as much as possible.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- Staff supported people according to their care plans in ways that met people's needs and reflected their preferences. Care plans were individual to the person and contained information about people's preferences. Staff had the information they needed to support people according to their needs and understand their wishes.
- The provider used an online system to keep records of the care delivered at each call, and these records were checked and audited. Care workers could be confident they had the latest information about people's care when they called on them

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 was aware of AIS, and the provider's assessment process was designed to identify people's individual communication needs. People's care plans included information about their communication needs, and how to meet them using signs, gestures, expressions, pictures and objects of reference.

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

- Where people's agreed care plans included social support, staff supported people to follow interests and keep social and community contacts. For example, one person had support to go to church.

Improving care quality in response to complaints or concerns

- The provider had a system to log, follow up and close complaints. People told us they knew how to complain if they needed to and were confident any concerns raised would be followed up properly.
- The provider was open and transparent about complaints. We saw records of one complaint which had been followed up professionally.

End of life care and support

- At the time of our inspection there was no-one receiving end of life support.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- There was a positive, person-centred approach to care. This approach led to good outcomes for people, such as improving people's mobility and independence.
- Staff were motivated, empowered and supported to deliver high quality care.

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 and understood the duty of candour. They acted in line with the legal requirements to be open and transparent.

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

- The registered manager had developed a management system, with a team leader, who acted as deputy manager, and senior care worker roles to allow progression for staff. These roles were supported by clear job descriptions, training and mentoring.
- The provider had a system for monitoring and managing service quality. This included regular audits, spot checks, care reviews and supervisions.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider engaged regularly with people who used the service and their families. People's relatives found the registered manager responsive to feedback, requests and suggestion.
- The provider engaged regularly with staff through individual and group supervisions, spot checks and staff surveys.

Continuous learning and improving care

- The registered manager had developed a service improvement plan which included plans for increased use of technology, business continuity and staff training and support. All service users had received a review of care needs. Complex care packages were reviewed with input from CCG nurses.

Working in partnership with others

- The provider worked together with other health and social care professionals to make sure people

experienced good quality, joined-up care. A social care professional who worked with them said there were no problems with the quality of service provision.