

Mrs Deborah Ann Plant

Community Living Project

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

We inspected the service on 13 July 2017. Our visit was unannounced which meant that staff did not know we would be arriving.

Community Living Project is a registered care service providing care and support for up to eight people who have a learning disability or autism. There were eight people using the service when we visited.

The service does not require a registered manager. The nominated individual was managing the service alongside a manager who had been employed to run the service on a day-to-day basis.

At the last inspection we carried out on 27 June 2016 we found that where people lacked the capacity to consent to their care and treatment, the provider had failed to act in accordance with the provisions of the Mental Capacity Act 2005. We also found that staff did not always understand their requirements under the Act. At this inspection we found the provider had made the required improvements.

The provider had not always taken all of the appropriate action following incidents that had occurred. Staff knew their responsibilities for helping people to remain safe. Risks to people's health and well-being were assessed and staff had the guidance they required. The provider had arrangements in place to check the environment and the equipment within it to protect people from risks. Emergency plans were in place to help people to remain safe during unforeseen events.

The provider had safely recruited a suitable number of staff to offer support to people.

People mainly received their medicines when they required them. Staff received training and guidance on how to handle medicines safely.

Staff received guidance and training so that they could provide good support to people. They had the skills and knowledge they required to support people living at the Community Living Project.

People were asked for their consent before support was undertaken. Where the provider had concerns about a person's ability to make a decision, they completed assessments and made decisions in people's best interest where this was required. They did this in ways that protected people's freedom and liberties.

People chose what they wanted to eat and drink. People could choose where they ate their meals. Where there were concerns about a person's eating or drinking this was monitored by staff. This was so that they could be sure people were having enough to eat and drink. People had access to a range of health care services to maintain their health.

Staff offered their support in kind ways. They made sure that people's dignity and privacy was respected. Staff had developed good relationships with people and knew how each person communicated so that they

could support them well. People were involved in decisions about their support. Additional support had been made available to people to make decisions where this was required. Staff supported people to retain their skills and independence.

People received support that was based on things that mattered to them. They had opportunities to take part in activities that they were interested in and enjoyed. Staff had guidance available to them within support plans that detailed people's specific support requirements. Staff followed this guidance when supporting people. People contributed to the review of their support where they were able to.

The provider had made information on making a complaint available within the home. The provider was following their complaints procedure where a complaint had been received.

People and their relatives had opportunities to comment on the quality of the service. Where suggestions were made, the provider took action.

Staff received good support from the manager and knew their responsibilities.

The manager and nominated individual were aware of their responsibilities. However, the provider's checks on accidents and incidents that had occurred were not always sufficient. As a result the provider had not always taken the required action. Other checks on the quality of the service took place and the provider took action to drive improvement.

We found a breach of the Health and Social Care Act (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

The provider had not always taken the appropriate action following significant incidents.

Staff had guidance that they followed to reduce the risks to people's health and well-being.

The provider had safely recruited a suitable number of staff.

People mainly received their medicines when they needed them.

Is the service effective?

Good ●

The service was effective.

Staff had the necessary skills and knowledge to support people well.

People's rights were upheld by staff who knew their responsibilities. Any decision made on behalf of people was undertaken in their best interest.

People chose the food and drink they wanted. Staff supported people to maintain their health and assisted them to access health care services.

Is the service caring?

Good ●

The service was caring.

Staff were kind and they protected people's privacy and dignity.

People were involved in decisions about their support.

People were supported to be independent.

Is the service responsive?

Good ●

The service was responsive.

People received support based on things that mattered to them.

People contributed to the planning and review of their support where they were able to.

People had opportunities to take part in activities that they enjoyed.

The provider displayed information on how people could make a complaint and they followed their procedures when one was received.

Is the service well-led?

The service was not consistently well led.

People and their relatives had opportunities to comment on the quality of the service. The provider took action when feedback was received.

Staff received good support and knew their responsibilities.

The provider's systems and processes to monitor and respond to incidents had not always been sufficiently embedded and followed.

Requires Improvement 

Community Living Project

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.

The inspection visit took place on 13 July 2017 and was unannounced. The inspection team included an inspector and an expert by experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection visit, the provider completed a Provider Information Return. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information that we held about the service to plan and inform our inspection. This included information that we had received and statutory notifications. A statutory notification contains information relating to significant events that the provider must send to us. We contacted the local authority who has funding responsibility for some people living at the home and Healthwatch Leicestershire (the consumer champion for health and social care) to ask them for their feedback about the service. We received feedback and took this into account when making our judgements.

During our inspection visit we spoke with four people who used the service and with two relatives. We also spoke with the nominated individual, the manager, three support workers and the activities co-ordinator. We observed staff offering their support to people throughout our visit so that we could understand people's experiences of care.

We looked at the care records of three people who used the service. We also looked at records in relation to people's medicines, health and safety and documentation about the management of the service. These included policies and procedures, training records and quality checks that the provider and manager had undertaken. We looked at two staff files to look at how the provider had recruited and how they supported staff members.

We asked the nominated individual to submit documentation to us after our visit. This was in relation to

health and safety checks and policies and procedures. They submitted these to us in the timescale agreed.

Is the service safe?

Our findings

Where significant incidents had occurred, we found that the provider had not always taken the appropriate action. We saw an incident report that detailed that three people had not been given their medicines on one occasion during June 2017. We saw that staff alerted the mistake to the manager when it was identified on the same day. The manager told us that the people affected were closely supervised and there were no ill-effects. They also showed us records of appropriate action they had taken in relation to the staff member involved. However, we found that no medical advice had been obtained to guide staff on any action that may have been required when the error had occurred. The provider had not notified the local authority about this incident. This is important so that the local authority can determine if suitable procedures and support is in place for people using services when incidents occur.

We found that there was an incident during July 2017 where one person was physically aggressive to another person and had caused an injury. Although staff members took the appropriate action to support the people involved, the provider had not notified the local authority of this incident. The provider informed the local authority the day after our visit at our request.

Where other accidents or incidents occurred, we found that the provider had taken the appropriate action. However, the recording for an injury that occurred to one person did not document an investigation of how it had happened. The manager told us that it was the result of an accident and that they would improve their recording. We saw that where other injuries had occurred there was recorded information about the circumstances of these and the action staff had taken.

Risks to people's health and well-being were assessed and reviewed so that staff had the guidance they required to help people to remain safe. We saw that staff had completed risk assessments on hazards within the home that could cause injury. We also saw that assessments had been completed where people were at risk of falling and where they required support to take their medicines. We found that staff knew about the instructions they had been given and we saw that staff supported people to remain safe.

Some people using the service could display behaviour that could cause harm to themselves or others. One staff member told us, "When a person gets agitated I try to calm them down through communication and distraction. I try to divert their attention but respecting them as a person and not speaking to them as a child." Another staff member said, "We try to distract with something else. Anything at all such as pegging the washing out." We saw that staff followed agreed plans where a person became distressed and used their skills to help them to remain safe. We also saw that staff had requested the specialist advice of a social care professional where one person's behaviour had deteriorated so that they could offer them the right support. Staff were also recording incidents so that the manager could analyse them to look at ways of reducing them wherever possible.

Staff members knew what action to take should they have concerns that a person may be at risk of abuse. One staff member told us, "If the concerns are serious I would go to social services. The phone number is available." Staff were able to describe the different types of abuse and we saw that they had received

training on safeguarding. The provider had made available to staff a procedure to follow if they were concerned someone was at risk of abuse that they could describe.

People and their relatives told us that they felt safe with the support from staff at the Community Living Project. One person told us, "Yes I always feel safe, probably the safest place I've been in, not had anyone threaten me." A relative said, "No concerns at all, we know [person] is in good hands."

The provider monitored the environment and equipment to help people to remain safe. We saw that they had installed Close Circuit Television (CCTV) in communal areas. We saw that people and their relatives had been consulted about its use and had agreed to it. We also saw that there were safe systems in place for monitoring the CCTV. We saw that checks on utilities such as the gas and electric routinely took place as well as on the temperature of the hot water to prevent scald risks. The provider had arranged for routine checks on fire detection and prevention systems. They also had plans in place for staff to follow in case of an emergency for each person using the service. This meant that the provider had considered people's safety should a significant incident occur.

There was a suitable number of staff employed. People, their relatives and staff confirmed this. One person told us, "Yes, it's brilliant." Another person said, "Yes, day and night. Someone is always around." A relative commented, "Never had any reason to think otherwise. Never felt there's been a lack of staff." We found that people received their one-to-one support where this was required and that other people did not have to wait for support when this was requested.

The provider checked the suitability of new staff before they supported people living at the Community Living Project. We found that their systems were safe. One staff member told us, "I did an application form and had an interview. I was asked to do some shadowing shifts and they told me to observe and to look at what other staff were doing. They did a DBS [Disclosure and Barring Service] check and I had to provide two references." The DBS helps employers to make safer recruitment decisions and aims to stop those not suitable from working with people who receive care and support. We found that the provider's recruitment records confirmed that these checks consistently took place with each new staff member.

People had mainly received their medicines when they needed them. One person told us, "Yes, I tell staff when I want them." We saw staff offering a person their medicines. They gained the person's consent and administered it safely. After people were offered their medicines, accurate records were kept. We saw that the provider had safe systems in place for receiving, storing, administering and disposing of medicines. We saw that some people had medicines prescribed to them for their anxieties. There were clear instructions for staff to follow for these medicines which they knew about. Staff only used these medicines where other techniques such as distraction had not worked and they recorded the reasons for its use.

Staff had received training on handling people's medicines. One staff member told us, "I feel well enough trained." Staff told us that when a mistake had occurred with people's medicines the manager took action to check that they knew their responsibilities. We saw that the competency of staff when handling people's medicines took place every 12 months so that the provider could be sure that staff were doing this safely.

Is the service effective?

Our findings

At our previous inspection carried out on 27 June 2016 we found that where people lacked the capacity to consent to their care and treatment, the provider had failed to act in accordance with the principles of the Mental Capacity Act 2005 (MCA). We also found that staff were not fully aware of their responsibilities in relation to the Act. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; need for consent. We required the provider to make improvements and they submitted an action plan setting out what they were going to do. At this inspection we found that the provider had made the required improvements.

The 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. We checked whether the provider was working within the principles of the MCA.

Where there were concerns about a person's mental capacity to make a decision, the manager had completed assessments to determine their understanding. We saw that assessments were completed in areas such as deciding to live in residential accommodation and for taking medicines. Where people were assessed as lacking the mental capacity for such decisions, the provider made a decision in the person's best interest. This decision included those involved in the person's life such as their family and health care professionals. We found that decisions made on people's behalf were the least restrictive and protected their rights and freedom.

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. The application procedures for this in care homes and hospital are called the Deprivation of Liberty Safeguards (DoLS). We saw that the nominated individual had made applications to the 'supervisory body' (the local authority) where they were seeking to deprive some people of their liberty.

Staff understood the requirements of the MCA. One staff member told us, "It's about making sure they have the ability to make decisions for themselves. If not then the manager, the family and social services will pull together to make a decision for them." We heard staff asking for people's consent before they provided their support. We also heard staff discussing people's decisions that they had made with them. They respected each person's choices and staff were heard talking discreetly amongst themselves about people's ability to choose for themselves.

People received support from staff who had the skills and knowledge they needed to provide good care. We saw staff supporting people in calm and reassuring ways. They used their listening skills to understand people's communication and to respond in ways that were important to each person. This was important as some people who used the service could show behaviours that might harm themselves and others.

Staff received an induction when they started to work for the provider. One staff member told us, "It was about the job role and I did some online training and I'm currently doing some as part of the probationary period." We saw that new staff shadowed more experienced members of staff before they worked on their own. The principles of the Care Certificate had been incorporated into the provider's induction. The Care Certificate is a national induction tool, the standards of which providers are expected to follow, to help ensure staff work to the expected requirements within the health and social care sector.

Staff were complimentary about the training they had received. One staff member said, "I've done dementia, medication training and a care qualification. It's intense, you have to take note. New staff ask me questions and I can help them because I've had the training." We saw that staff completed training in topic areas such as food safety, behaviour that can challenge and specific health conditions that people lived with. We also saw that staff had received guidance from the manager in one-to-one supervisions. These meetings gave staff opportunities to receive guidance on their work as well as to discuss how to support people well. In these ways there were opportunities for staff to gain the skills they required and to reflect on their work so that they offered good care and support to people.

People chose what food and drink they wanted. One person told us, "If I don't like anything I don't have to have it. Not a salad person. They leave me to my own devices." We saw that one person was deciding what they wanted for lunch. We heard a staff member say, "Go through the freezer for what you like." We saw that a menu was displayed. Staff told us that this was not rigidly stuck to as people chose different things on some days. We saw that people chose to take their meal in different areas of the home which was accepted by staff. We found that mealtimes were a pleasurable experience for people. Where there were concerns about a person eating or drinking sufficiently, staff recorded the amounts so it could be monitored. This was to make sure that people had enough to eat and drink.

People were supported to maintain their health. One person told us how staff had arranged for an ambulance when they were unwell. Relatives confirmed that their loved ones received the health care they required. One relative told us, "Staff take [person] to appointments and feedback to me." We saw that any follow-on actions from health appointments were undertaken and people had health action plans. These are documents that help people with learning disabilities to maintain good health. We saw that one person was being supported with a particular health condition that they lived with. There were detailed actions recorded of how they were supported to remain well. As a result of these plans, people received good access to their doctor and other health care specialists.

Is the service caring?

Our findings

People received support from staff who were kind and caring. One person told us, "Yes they are caring and respectful. They look after me well. I have jokes. Made loads of friends here." Another person said, "Yes always. If I'm upset they talk to me about it. It calms me down." We observed staff supporting people in kind ways. For example, we saw one staff member supporting a person to put their shoes on. They were kind and took their time to make sure the person received the support they required. We saw people laughing with staff and looked happy with the support they were receiving. This showed us that good relationships had been developed.

People's privacy and dignity was protected. One person told us, "I can go to my bedroom when I want. I have my own key." We saw that staff knocked on people's doors before they entered. They spoke with people discreetly where matters were private and took care not to be overheard by others. Staff knew how to protect people's dignity. One staff member told us, "I put a towel around a person when showering them. I always talk to the person about what I am doing." People told us that staff listened to them. Staff knew the importance of this. One staff member said, "It's really important to listen. I listened to one person for an hour. They needed a good chat. I never repeated it to anyone. I respected their privacy and would only break it if I had concerns."

People were involved in decisions about their care wherever they could be. One person told us, "They sit down and talk to me, they make sure I'm alright." People were offered different meal choices, activities and ways to spend their time. Staff knew how to help people to be involved in making decisions. This was because there was information within people's care records about how to communicate well with each person. Staff demonstrated their knowledge of this guidance when we visited. We saw that they changed their communication methods based on the person they were supporting. Where people may have required additional support to make a decision, there was an advocate who visited the service available to them. An advocate is a person who can support people to speak up for themselves. In these ways, wherever possible, people were involved in making decisions about their lives.

People received the information they needed in ways that were important to them. We saw that there was easier to understand information using pictures available for people on specific health conditions that they lived with displayed within the home. This was important as some people who lived at the Community Living Project could not read written words. One staff member told us that they found it difficult to understand one particular person due to their communication differences. As a result they had made picture cards to show the person to aid communication.

Staff knew the people they were supporting. One staff member described how they got to know people when they started to work at the service. They told us, "The first thing I did was to meet the residents. I know a few have anxiety so I read the care plans and files. I implemented what I read." We heard staff talk about people in ways that demonstrated they knew people well including things that mattered to them. We saw in people's care records that people's lifestyle, family and interests were documented so that staff could use this information to develop good relationships with people. In these ways people could be confident that

staff knew them well and offered their support in ways that mattered to them.

People were supported to maintain their independence. One person told us, "I can go to the shop to buy chocolate and fags." Another person said, "I can go out alone and I let staff know. No restriction on time and I ring when I'm on my way back" A relative commented, "They allow [person] to be as independent as their disabilities allow." We saw staff supporting a person to make their own doctor's appointment. They did this by offering gentle encouragement and advice. We saw that people's abilities were described in their care records. We saw staff following this information when we visited to promote people's independence. In these ways people were supported to maintain their skills and abilities.

Is the service responsive?

Our findings

People received support that was based on things that were important to them and their decisions. One person told us, "11pm I go to bed. I get up when I want, I like to get up at lunchtime." Other people told us that they were free to spend their time in ways of their choosing. A relative described that as a result of their loved one's changing needs, staff had made the required changes. They told us, "When [person's] mobility reduced staff have gone the extra mile." They explained how their relative was supported to change to a bedroom that was more suitable to them. We saw staff supporting people in ways that were centred on each person's choices and decisions. For example, one person was asked if they required support to bathe. The person declined and said they would like this later on in the day. The staff member respected the decision.

People's support plans were individual to each person. They contained guidance for staff on things that were important to people, their likes, interests and preferences. We saw that staff completed assessments as people were moving into the home with them where they were able to contribute. This was important so that staff had the guidance they required to support people well. When we visited, we saw that staff followed the instructions they had been provided with and this helped them to avoid people becoming distressed. Staff focused on things that people enjoyed and we found this benefited people living at the Community Living Project.

Staff documented the goals that people wanted to achieve as part of reviewing their support. We saw that action plans were displayed in people's bedrooms and included things such as one person's aim to go on a holiday. We saw that people's aspirations were action planned with them to help them to lead a full life. Staff completed monthly reviews that summarised each person's support and included a consideration of their health. We found these to be comprehensive and these showed that staff had a good knowledge of things that mattered to people. They did not show how people had contributed to their reviews. The manager told us they would make improvements to their recording as they told us that people were included.

People spent their time undertaking activities that they were interested in. One person told us, "I go to college three days a week." Another person said, "Today I walked to the cafe for a cup of tea, I like that". Staff described the activities available to people as positive. One staff member told us, "The activities are really good. They love going out. Some went to the café, some have one-to-one support for their safety when out. Some went to the farm today." When we visited we saw that people were coming and going from their home during the day and undertook a variety of different activities. We found that people looked satisfied with the activities offered to them. We saw that there was an activities co-ordinator employed by the provider to help people to undertake activities that were important to them. We saw many photographs of previous activities people had taken part in such as holidaying in a caravan, strawberry picking and trips in the local area.

People had information available to them about how to make a complaint should they have needed to. We saw that this was displayed in a communal area and it contained pictures to aid people's understanding. Some people told us that they did not know how to make a complaint whilst others did. One person told us,

"Staff would help me with that, my keyworker." Relatives could not always recall being told how to make a complaint but knew the action they would take if needed. One relative said, "I would go straight to the manager and the home owner." The people and relatives we spoke with told us that they were satisfied with the service they received and had not needed to make a complaint. We saw that the nominated individual was responding to a complaint they had recently received. We saw that they were doing this in line with their complaints procedure.

Is the service well-led?

Our findings

The provider's systems and processes to monitor and respond to incidents had not always been sufficiently embedded and followed. As a result of this, action had not been taken to refer one incident to the local authority when a person was injured by another. We also found that following a medicine error, the manager had not considered seeking the guidance of a health professional or informing the local authority. The provider had not considered notification to CQC about these incidents. When we last visited we found that accident and incident records were not always fully completed and they did not always show the actions the provider had taken. At this visit, we found that some improvements had been made. However, we saw one person's care records documenting an unexplained injury. This record lacked specific details about any investigation as to how it had occurred.

These matters constituted a breach of Regulation 17: Good governance the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had a range of checks in place to monitor the quality of the service. We saw that care file audits were in place. We also saw that people's medicines, the environment and the cleanliness of the home were all checked. Where improvements were required, we saw that actions were identified and marked as completed or that work was being undertaken to make changes. We found that the manager and nominated individual used these checks to improve the quality of the service.

People knew who the manager and nominated individual were and we saw them both available to people when we visited. One person told us, "Yes, [name of person] owns this place." Another person said, "Yes I know and I can go to their office." People and their relatives told us that they thought the home was running well. One relative said, "I'd recommend the home to anyone. I can't fault them."

People and their relatives had opportunities to comment on the quality of the service being provided. One relative told us, "I have had questionnaires and any problem I would email them. Other relatives recalled being sent quality questionnaires to complete. We saw that people who used the service completed a survey during 2016. The comments on this were displayed in a communal area for people to see. This showed what action the provider had taken following the feedback received. For example, people had requested some additional food options and these had been incorporated into the food offered to people. The nominated individual told us they planned to undertake the quality checks again during 2017. We saw that meetings were held with people where they were asked for their feedback on new staff members and choices available to them. In these ways the provider demonstrated that they listened to the views of people living at the Community Living Project.

Staff received support from the manager and they described this positively. One staff member told us, "She is very professional and she knows her stuff. Very approachable and you can talk to her." Another staff member said, "She's lovely. She helps us as much as she can. I asked how I was getting on. I feel comfortable to approach her. She gave me feedback." We saw that staff attended team meetings where feedback was given about their work. Staff told us that they were able to make suggestions for how the service could

improve and that they were listened to.

Staff understood their responsibilities. They were able to describe the provider's key policies and procedures. This was because the provider had made these available to staff. This included the provider's whistle-blowing procedure. One staff member described what action they would take should they have concerns about the practice of a colleague. They told us that they would take their concerns to the manager. If they felt their concerns were not being taken seriously they told us they could seek the support of the local authority or CQC. We saw that staff met with the manager individually and during team meetings where they were given direction about their responsibilities. Where they needed to make changes to their practice, they were given clear guidance.

The manager and nominated individual were aware of their responsibilities. We saw that they had submitted statutory notifications to us for significant events, such as where people were being deprived of their liberty. This was important so that we could check that appropriate action had been taken. During our inspection we saw that the ratings poster from the previous inspection had been displayed in a prominent position. The display of the poster is required by us to ensure the provider is open and transparent with people who use the services, their relatives and visitors to the home.

The manager and nominated individual were working to drive improvement. They were working with the local authority's quality improvement team to make changes to people's care records. This team told us that improvements had been made and that staff had clear guidance on the support each person required. We saw that the provider had been open with relatives and staff about the previous rating we had awarded the service and the actions they were taking to make improvements.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider's systems and processes were not always sufficiently established and operated when incidents occurred.