

Community Living and Support Services Limited

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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 well-led?	Good ●

Summary of findings

Overall summary

About the service

Community Living and Support Services Limited is domiciliary care agency which is registered to provide personal care and support to people in their own homes including supported living settings. The service can be provided to adults with learning disabilities, dementia, mental health conditions, physical disabilities and sensory impairments.

At the time of our inspection the service was supporting 43 people across eight supported living settings. Five of those people were in receipt of personal care. CQC only inspects 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, their relatives and staff told us the service was safe. Risks had been assessed and detailed guidance helped staff to provide safe care. Staff and the management team understood their responsibilities to keep people safe. The management of people's medicines continued to be safe and people received their medicines when they needed them.

Staff were recruited safely, and people told us staff followed safe infection control practice in their homes. The providers systems reduced the risk of infections spreading. People were supported to eat and drink in line with their wishes if this was part of their planned care. Staff worked in partnership with health and social care professionals to support people to achieve positive outcomes.

People received effective care from trained and skilled staff who knew them well. Staff completed an induction when they started work at the service followed by an ongoing training programme.

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.

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.

Based on our review of the safe, effective and well-led key questions the service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support: People had choice and control over their lives and were supported to live their lives as

independently as possible. People's support focused on them having as many opportunities as possible for them to gain new skills and access specialist support to remain healthy and well.

Right care: People received personalised care and support from staff they knew and trusted. People's human rights were promoted, and people spoke positively about the care and support they received. They felt listened to and were fully involved in planning and reviewing their care.

Right culture: Feedback without exception confirmed a positive and inclusive culture was embedded, managers led by example. Staff felt supported by their managers and understood the provider's vision and values. The whole staff team demonstrated commitment to continually learning and improving the service to benefit people. A range of effective audits and checks took place to monitor the quality and safety of the service provided.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 23 July 2019) and there was a breach of the regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

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 well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Community Living & Support Services Limited

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 Health and Social Care Act 2008.

Inspection team

The inspection team consisted of an inspector, an inspection manager and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides care and support to people living in eight 'supported living' settings, 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.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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 our inspection there was not a registered manager in post. The care manager had submitted an application to register with us.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the care

manager would be in the office to support the inspection. Inspection activity started on 05 May 2022 and ended on 10 May 2022. We visited the location's office on 05 May 2022.

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 had sent us within their annual Provider Information Return. 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 also reviewed the information we held, such as statutory notifications, as well as any information shared with us by the local authority. We also used the information we had obtained when we had completed a direct monitoring approach call with the care manager in October 2021. We used all this information to plan our inspection.

During the inspection

We spoke with three people and four people's relatives via the telephone to gather their experiences of the care and support provided. We spoke with the care manager, the deputy care manager, a team leader, two senior support workers, a support worker and the human resources manager.

We reviewed a range of records. This included four people's care and medication records, staff training information, three staff recruitment files, and records of the checks the management team and the provider completed to assure themselves people received a safe, good quality service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person explained this was because staff supported them with their 'welfare and rehabilitation.' Relatives shared this viewpoint. One relative commented, "From a safeguarding perspective I think they (staff) are very good. I cannot thank them enough for the support they give. They put all our worries to rest."
- Staff explained why they thought the service was safe. One staff member said, "We know people really well, hand on heart its 100% safe." The results of the 2021 annual staff survey confirmed all staff had shared that view.
- The provider's safeguarding systems were effective. Staff had completed safeguarding training and understood what they needed to do protect people from harm or abuse. One staff member said, "If I ever thought someone was at risk, I would offer them reassurance and tell the managers immediately. They would do everything they could to keep the person safe including making a safeguarding referral."
- The management team understood their responsibilities to keep people safe. They had shared important information with us (CQC) and the local authority, when required.

Assessing risk, safety monitoring and management

- Risks associated with people's care and support continued to be assessed and well managed. Detailed guidance was in place to help staff provide care and support safely. This included risks associated with choking, mobility, behaviours and health conditions including epilepsy.
- Staff confidently described how they managed and mitigated risks with positive effect. For example, a staff member explained on occasions one person displayed behaviours that could cause harm to themselves or others. They told us the use de-escalation techniques including talking 'softly' to the person prevented this from happening. Feedback from relatives confirmed this.

Using medicines safely

- The management of people's medicines continued to be safe. A relative said, "Staff give medicines on time. I know because it is part of the evening routine. [Name] phones me to say he has taken his tablets. Staff are good with applying creams too."
- Medicine Administration Records (MAR) we reviewed confirmed people had received their medicines including 'as required' medicines as prescribed.
- Staff who administered people's medicines were trained to do so. Their competency was frequently checked by managers to ensure they understood and followed safe procedures.
- Checks of medicines took place which meant any errors could be identified and addressed promptly.

Staffing and recruitment

- Staff were recruited safely. The provider followed safe recruitment procedures to ensure their staff were suitable. This included completing Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Feedback from people and their relatives confirmed care and support was provided at the agreed time from a consistent staff team who they knew and trusted. Staff rotas confirmed this.

Preventing and controlling infection

- People told us staff followed safe infection and control practice in their homes. One person said, "Due to COVID-19 they (staff) wear masks, wash hands and keep a distance."
- Effective systems were in place to reduce the risk and spread of infection. One staff member explained their managers had provided them with helpful updates when government or local guidance had changed throughout the coronavirus pandemic. A relative commented, "During the pandemic the office was easy to contact. We could discuss concerns and received reassurance."
- Staff had completed infection prevention and control training and told us how their safe practice, including regular hand washing protected people. In addition, managers completed spot checks of staff practice to make sure they were working in line with their expectations.

Learning lessons when things go wrong

- The whole staff team demonstrated a shared commitment to learning lessons when things went wrong to improve outcomes for people. Accident and incidents were recorded, and the information was analysed monthly in an attempt, to identify triggers or patterns to prevent recurrence.
- Staff told us they had opportunities to attend debriefing sessions following incidents to support continual improvement and give them the opportunity to reflect on what had happened.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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

- Records confirmed people and those closest to them had contributed to an assessment of their needs before they had started to receive a service.
- Assessments had included different aspects of people's lives including their cultural, physical and mental health needs, and how they wanted their care and support to be provided.

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 MCA 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 provider worked within the requirements of the MCA. Improvement had been made in this area since our last inspection because where people were unable to make decisions for themselves decision specific mental capacity assessments had been completed and best interest meetings had been held.
- Staff completed MCA training and worked within the principles of the Act by gaining people's consent before they provided care or assistance. People confirmed that happened.

Staff support: induction, training, skills and experience

- People and their relatives had confidence in the ability of staff to deliver care effectively. A relative commented, "I have never met anyone else who gets (Name) like staff do. Staff are very skilled."
- New staff received an induction when they started work at the service which included, completion of the Care Certificate and working alongside experienced staff. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. One staff member described their induction as 'great' and explained how it had helped them to get to know people and understand what was expected of them by the provider.
- Staff completed an ongoing programme of training which included training to support people's specific

needs including autism.

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

- Some people were supported to eat, drink and gain skills to prepare meals which supported their independence. One person commented, "Staff help me make hot dinners. They go shopping with me and know what I like."
- Specialist advice was sought, and outcomes recorded for people who were nutritionally at risk. For example, people who were at risk of choking were encouraged and supported to eat foods they were able to consume safely.

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 a range of services which supported them to remain healthy and well. One person said, "They (staff) book me in at the doctors and support me with monthly blood tests." A relative told us, "Staff are good at recognising when [Name] needs to see a doctor. [Name] recently had a skin infection. I kept phoning the doctors but couldn't get an appointment. Senior staff got one."
- Staff and the management team provided a range of examples of how working in partnership with health professionals including doctors had benefit people. For example, staff accompanied one person to attend frequent hospital appointments. Being accompanied reduced the person's levels of anxiety to manage a long-term health condition.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider's systems and processes were not operated effectively. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17

- The provider's quality assurance systems and processes had been strengthened and improved since our last inspection. A range of effective audits and checks took place to monitor the quality and safety of the service provided. Areas checked included people's risk assessments to ensure they contained up to date and accurate information to help staff provide safe care. The care manager told us they would take action if checks identified any areas required improvement.
- The management team consisted of the care manager and the deputy care manager who were supported by the nominated individual. They knew people well and possessed the knowledge and skills to perform their roles well. The care manager had submitted their registered manager application to register with CQC.
- Staff understood what the provider expected from them. One staff member said, "From day one, I knew what working for a good company was like. Our work is quite rightly spot checked, we get lots of training and supervisions. Management oversight is very good here."
- Robust processes were in place to share any lessons learned when things went wrong and prevent incidents from recurring. The service had not received any complaints since our last inspection.

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

- Feedback confirmed people felt involved in running and developing the service. One person commented, "We have meetings, I am treated like family."
- People and those closest to them were involved in their care and support. A relative said, "Staff always inform us what's going on and chat to me. We are invited to reviews. [Name] has control over their care."
- The views of people, their relatives and staff were welcomed and listened to continually drive forward improvement. One way this was achieved was through annual quality surveys. For example, in 2021 some people had shared staff did not always wear their ID badges when they were at work. In response action had

been taken to address this. At the time of our visit feedback gathered from the 2022 quality surveys was being analysed.

- Quarterly newsletters were created and shared with people and their families to share information including COVID-19 updates and good news stories such as people's achievements.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- Feedback from people and their relatives demonstrated the service was person centred and a positive, empowering culture was embedded. One person said, "The last few years there has been a consistent management team who listen. We are all equal, things are always handled sensitively and well."
- Relatives told us managers were accessible and communication with the service was always good. Comments included, "If I ring the office they answer promptly" and, "They have an open door policy, I am impressed with that."
- Staff had developed positive working relationships with a range of health and social care professionals which achieved positive outcomes. The care manager said, "Zoom meetings during the (coronavirus) pandemic have been fabulous and more inclusive. Communication and involvement with health professionals is brilliant. People have their say."
- Recent positive feedback from health professionals about the service included, 'They go above and beyond for their service users', and 'communication with staff and service users is to a very high standard.'
- Staff received ongoing support and guidance through individual and team meetings to guide them with their work. In addition, the provider's staff recognition scheme identified good care and encouraged staff to continually develop their skills to benefit people.
- Staff spoke positively about the leadership of the service. They described their managers as, 'approachable' and, 'good leaders.' Staff understood the provider's vision and values and explained how they how they applied them during their work. They said, "It's like a family, we all really want the best for people. We want them to live great lives. By working together, we achieve that."