

Small Opportunities Limited

SmallOpportunities Office

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We inspected Small Opportunities on the 14 July 2015. Small Opportunities provided supported living to people living in the Brighton and Hove area. There were two houses and one two bedroom flat. The service supported nine people at the time of our inspection. The service provided 24 hour support for younger adults with a learning disability. The Care Quality Commission inspects the care and support the service provides, but does not inspect the accommodation they live in. The office base for the service was located away from people's homes.

This inspection was announced, that meant the provider and staff knew we were coming shortly before we visited the service.

The service had a registered manager. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

Summary of findings

People told us they felt safe and were happy living there. One person told us, “I always feel safe. If something is dangerous the staff will help me. For example, staff help with the ironing because I could burn myself or cause a fire because I can’t yet iron properly”. We saw people were supported by staff who knew them well, gave them individual attention and looked at providing additional assistance as and when required.

People and their relatives spoke positively of the service. They were complimentary about the caring, positive nature of the staff. We were told, “The staff here are caring. I like them because they are friendly and they help me. They help me with cooking, washing, ironing and general advice on how to live my life. I think they care about me very much. I am very happy.” Staff respected people’s privacy and dignity and their individual preferences.

Staff and the provider were knowledgeable about the Mental Capacity Act 2005. They were aware this legislation protected the rights of people who lacked capacity to make decisions about their care and welfare.

Staff received training to support them with their role on a continuous basis to ensure they could meet people’s needs effectively.

People told us they were supported to maintain their independence and maintain their life skills with the support from staff. One person said, “I feel like I am getting on well here and I think this is the best place for me.”

People received regular assessments of their needs and any identified risks. Records were maintained in relation to people’s healthcare, for example when people were supported with making or attending GP appointments. People said they liked the service because it provided support which was varied to meet their needs at the time.

People, relatives and staff spoke positively about the provider and said they were visible and could be easily contacted. The relative of one person said, “I can see or contact [the provider] at any time to air my views. Their heart is in the right place and that shows in everything they do. Whatever they do is for the right reason.”

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff were confident about what to do if someone was at risk of abuse and who to report it to. The provider assessed risks to individuals and gave staff clear guidelines on how to protect people in their home.

Staff were trained in the safe handling of medicines and correct safeguarding procedures to enable them to keep people safe.

Good



Is the service effective?

The service was effective.

People received effective support as staff knew people well. They supported people, listened to what they wanted and treated them as individuals.

Staff and the provider were knowledgeable about the requirements of the Mental Capacity Act 2005.

People were supported to eat and drink a healthy diet which met their dietary and health needs, including people living with medical conditions such as diabetes.

Staff received regular training, supervision and appraisal which ensured they had the skills and knowledge to meet people's needs.

Good



Is the service caring?

The service was caring.

People said that staff were kind and compassionate. People were treated with respect and dignity.

Staff knew people and their preferences. People's dignity was considered and protected by staff so that people were valued.

Good



Is the service responsive?

The service was responsive.

People's needs were reviewed regularly. Where the need for changes was identified, support plans were updated in consultation with people, significant people in their life such as family, key staff and external stakeholders such as advocates.

Staff communicated with each other and the provider on a daily basis to ensure that information was shared about people's needs.

People and their relatives were given information about how to make a complaint and they felt confident to do so if needed.

Good



Is the service well-led?

The service was well-led.

Good



Summary of findings

People and their relatives were asked for their views. They and staff could approach the provider with their queries and they were listened to so that improvements could be made.

The provider was visible and approachable and we received positive feedback about the management of the service from people using the service, their relatives and staff.

Audits were carried out across a wide range of areas and this showed that the provider monitored quality and performance regularly.

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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. The inspection checked 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 home and to provide a rating for the home under the Care Act 2014.

The inspection was carried out on 14 July 2015. The provider was given 48 hours notice because the locations provide a supported living service for younger adults who are often out during the day and we needed to be sure that someone would be in. It was carried out by an inspector and 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.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what they do well and improvements they plan to make. It included information about notifications. Notifications are

changes, events or incidents that the home must inform us about. We contacted selected stakeholders including two health and social care professionals, the local authority and the local GP surgery to obtain their views about the support provided. They were happy for us to quote them in our report.

During the inspection we spent time with people who were supported by the service. We focused on speaking with people and spoke with staff. We were invited by people to spend time in people's homes and we took time to observe how people and staff interacted. We spoke with two relatives of people. We spoke with the provider, a manager, and two support staff.

We looked at three sets of personal records. They included individual support plans, risk assessments and health records. We examined other records including three staff files, quality monitoring, records of medicine administration and documents relating to the maintenance of the environment.

The last inspection was carried out on 6 June 2013 and no concerns were identified.

Is the service safe?

Our findings

People told us they felt safe when staff were present and provided them with support. One person told us, “I feel safe here because of the staff.” They said staff talked to them about how to keep safe when at home and out and about in the community. Another person said, “I always feel safe. If something is dangerous the staff will help me. For example, staff help with the ironing because I could burn myself or cause a fire because I can’t yet iron properly.”

There was an up to date safeguarding policy with guidance for staff on the steps to follow if they had concerns about the safety of anyone using the service. All staff had received up to date training and there was a programme of refresher training to ensure that staff knowledge was maintained and current. Staff understood safeguarding and their role in following up any concerns about people being at risk of harm. Staff were able to describe what they would do if they thought someone was at risk of abuse and how they would raise any concerns. They said they had received training in safeguarding and there was a written procedure to follow. Safeguarding was discussed on a regular basis with staff and recorded. This helped to ensure all staff were aware of the type of incidents that can arise and they responded to these in a consistent way.

People’s support records showed risks in their daily lives had been discussed with them. Where risks had been identified, these had been assessed and information recorded. This was so staff would be aware of the risks and what to do to ensure people’s safety. People told us they were able to speak with one of the staff or management team if they had a concern. The provider said there was an on-call system in place; this meant people or staff could talk to one of the management team outside office hours. A notification we had received showed that people had reported incidents to staff where there was a risk of harm. These had then been followed up with other agencies in order to reduce the risk and to prevent a reoccurrence.

The provider told us staff did not administer medicines to people but that support was given to check with the person that they had taken their medicines. This helped to ensure

the person did not come to harm if they had not remembered themselves. For example, some people described how they needed support to put their medicines in a weekly pill organiser. The relative of one person said, “I am happy that they have a pill box and a reminder to fill it up on a Sunday night. I am confident they are very good at it.” One person injected themselves daily to treat their diabetes. We heard a friendly enquiry of them from another person asking if they had their injection that day. Staff were prompting the person to take their medicines each day and this was recorded consistently. Staff told us they were familiar with the provider’s policy on medicines.

People told us they were supported by staff they were familiar with and who had got to know them well. They found this reassuring and told us it was easier to talk about any concerns they may have. For example, one person we spoke with received support from their sister who was employed by the provider as a support worker. The member of staff told us, “We’re a really close knit team. I’ve known most of the people I support from when I was a child. And, of course, X is my sister so we’ve grown up together. I think it gives me a special sense of when something may not be right.”

The provider told us staff were flexible and available to provide people with support across the three locations. The support workers and two managers provided 24 hour care and support to the housemates. Feedback from people and the staff indicated there were enough staff to ensure that people’s busy schedules were met as planned and people received a safe service.

Records showed a range of checks had been carried out on staff to determine their suitability for the work. For example, references had been obtained and information received from the Disclosure and Barring Service (DBS). The DBS helps employers to make safer recruitment decisions by providing information about a person’s criminal record and indicates whether they were barred from working with vulnerable adults. Other checks had been made, for example in order to confirm an applicant’s identity and their employment history.

Is the service effective?

Our findings

People said the service was meeting their needs and they were overall content with the support they received. One person commented when talking about their support, “I feel like I am getting on well here and I think this is the best place for me.”

People told us they received support from staff in different areas of their lives. This included prompting around personal care; however a lot of support related to matters such as building and maintaining social relationships, dealing with finances and managing day to day affairs. People said staff did what was agreed with them and were skilled and professional in how they provided support. People described their staff support as good and told us, “[X] is the manager and she is very nice.” Another person said, “The manager said they want me to be more independent but I have got complete freedom here. For example I don’t keep my cash card as they think I will spend all of my money. ...I used to be able to speak to them [staff] anytime about my problems but now I am speaking to my advocate more.”

Staff members said they were well supported in their work. Training was described as good and staff said that requests for further training were well received. We were told the training covered a range of subjects relating to, for example health and safety, as well as other subjects concerning support and people’s health needs. For example, training in diabetes had been arranged as this had been identified as a training need for staff. Staff said they felt they were able to confidently support the person with diabetes as they had received appropriate education about this.

Staff said they attended supervision meetings with their manager. The meetings provided staff with individual time to discuss their professional development and any concerns they may have about their work. Staff meetings were held and these provided the opportunity for staff to discuss and keep up to date with the range of issues about the people and the service itself.

Records and feedback we received showed a structured approach to supporting staff. There was a plan for regular supervision meetings and records of each meeting held. The provider kept an overview of the provision of training

across the service. This identified when staff were due to receive further training. A staff member told us that refresher training was arranged and this helped them to maintain their knowledge of subjects.

Policies were in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA and DoLS provide legal safeguards for people who may be unable to make decisions about their care. The provider was aware of DoLS and identified that DoLS can apply in supported living settings. Clear procedures were in place to enable staff to enable the assessment of peoples’ mental capacity, should there be concerns about their ability to make specific decisions for themselves

We spoke with staff who were knowledgeable about the legal requirements of the Mental Capacity Act 2005. They were aware this legislation protected the rights of people who lacked capacity to make decisions about their care and welfare. Staff said the people they supported were able to give consent to the support they received. This was reflected in the records we saw; people had been given the opportunity to read and sign their support plans to confirm their agreement to them. This extended to providing and reminding people that they could choose a different provider. For example, we saw a letter to a person that set out their rights to make decisions about the support they accessed. It stated, ‘Dear [X], If you want to choose somebody else to care for you Small Opportunities will help you find someone else to be your carer. You do not have to use our carers to look after you. What we want you to remember is that you can still at your house if you want.’

People’s care plans set out the support they required in order to meet their personal care needs. There was information about what the person could do for themselves; the plans also identified the need for staff to check with the person whether certain tasks had been undertaken, and to prompt them if not. This approach promoted the person’s independence whilst also helping to ensure they maintained their personal care routine.

People received assistance with preparing food and drinks. Information about this was recorded in people’s support plans. The rich and rewarding social aspect to preparing and, where appropriate, sharing food and drink was recognised and promoted within each service. People told us they looked forward to the opportunities for sharing that meal times offered. People told us, “The staff promote healthy foods a lot but I do a lot of the cooking myself. The

Is the service effective?

staff are good here when it comes to that. The food is good”, and “The food is very nice here. We all cook together sometimes. Spaghetti Bolognese is my favourite I think, yes”.

People received support with obtaining other services they needed in relation to their health and care. This was

documented in people’s records. A staff member told us an important part of their job was to, “Signpost” people to the other services they needed to stay healthy and to be able to live independently.

Is the service caring?

Our findings

People spoke positively about the staff who supported them. They told us the staff were friendly and helpful. People mentioned qualities in the staff they particularly liked, such as staff who shared the same interests and were friendly and easy to get on with. One person said their staff, “Ask how we are doing and if we are okay and if we need anything.” The relative of one person said, “It is heaven on earth. It is the nearest thing to a family life. I wanted [my son] to be somewhere that can give him the best quality of life that I could find and that’s what they provide.”

The feedback we received showed that good relationships had been established between staff and the people they provided support to. People said they saw the same staff and they appreciated this continuity and the consistency of support it provided. A person said, “I feel comfortable here. I mainly get on with my two regular members of staff because I don’t feel I have as much of a connection with the rest of the staff as I do with those two.” Another person said, “The staff here are caring. I like them because they are friendly and they help me. They help me with cooking, washing, ironing and general advice on how to live my life. I think they care about me very much. I am very happy.”

The provider told us that many of the people had known each other and formed friendships going back many years into their childhoods. This made the matching process that formed part of the assessment by the provider so important. The assessment also included taking people’s views into account, for example about the gender of staff and any cultural needs.

People received support from staff in the way they wanted and which fitted in with their lifestyle. We saw a series of programmes a group of people were supported to produce and star in. Called ‘The Specials’, it was broadcast on TV in the USA. The provider had worked with five of the people to make the docusoap. It was used in a disability studies course that focused on media and disability at City University of New York. It won many awards and the provider described how it, “Helped to raise awareness and challenge the system providing services to people with learning disabilities.”

People’s records included information about their personal circumstances and how they wished to be supported. The information had been added to over time and helped to give a good picture of people’s preferred routines and their interests and the things they did not like. The provider and staff followed the principals of privacy in relation to maintaining and storing records. There were arrangements in place to store people’s support records, which included confidential information and medical histories. There were policies and procedures to protect people’s confidentiality. Support records were stored securely on either the provider’s computer system or in support files. Staff had a good understanding of privacy and confidentiality and had received training.

People’s privacy and dignity was respected and maintained. Staff we spoke with were able to explain the way they worked with people and focused on people’s individual needs. They told us their role was to respect individuality and independence. Staff spoke respectfully about the people they supported. They described a highly personalised and holistic approach when talking about the support they facilitated for people. This was seen in the support provided by staff on a day to day basis. For example, we saw that one person attended a community gardening project in another part of Brighton. The staff described how the individual worked with volunteers and others on the project and mixed socially with students and professionals such as doctors who also helped out on the project.

As well as meetings held between people in their home the provider had other means in place for obtaining their feedback. These included the use of surveys and interviews to gain people’s views about the service. People also had access to a range of advocacy services for people with a learning disability. This meant that people could pass on their views to a third party who were independent of the service.

The provider told us they used different ways of gaining feedback. Some relatives of people, for example, provided information by email and other people were met with on an individual basis. The results had been analysed and a plan had been drawn up in response to people’s feedback. A staff member we spoke with was proud of the positive feedback people had given about their support.

Is the service responsive?

Our findings

People told us they could talk to staff about their support and any changes they wanted to be made. One person told us “The staff always ask if I need something and if I do, they do their best to make it happen.” They told us they worked towards goals they had wanted to achieve and they felt their confidence was increasing as a result of the support they received. One person said, “I used to go to college, I got a qualification. We have finished now as it is the summer. I have a job now in a charity shop, I really like it there.”

People said they liked the service because it provided support which was varied to meet their needs at the time. Staff told us they aimed to provide a service that was responsive and flexible to take account of people’s individual circumstances. We were told about the support and advice people received about maintaining their physical, social and emotional wellbeing. This had been in response to a need that had been identified by people themselves. In response to requests, steps were taken to provide equipment that maintained people’s fitness. We were told, “We have a cross trainer here that we use. It’s mainly used by the girls as they are the ones that always want to be so healthy.”

People led full social lives, participated in continuing education opportunities and were also active in the world of work. One person described their week. They said, “I get to work at a charity shop on Tuesday and Thursday. I go to gardening project on Friday. I go to help my dad at work on Monday. Aside from that I do football training or just go out shopping.” The relative of one person said, “[My relatives] needs will change. I don’t expect he will want to work where he is forever. But people’s aims and vision are always being reviewed. You see, it’s not just a placement but supported living and it’s an important distinction. It’s not right for all but it is for this group of guys.”

Staff said they regularly met with people to talk about their needs and new things they wanted to do. They told us formal review meetings were held at least once a year but could be arranged more often in response to a particular concern. A staff member said the reviews often focused on the level of support people needed to maintain their

independence in a safe way. We were told of times when a person’s support had increased as a result; also when a person had been able to manage with a reduced number of hours they were directly supported.

Relevant information was available when people’s needs were being reviewed and the outcome of their support was evaluated. Daily reports were written by staff about people’s well-being and support. Staff said the reports helped to keep them up to date with people’s needs, for example when they were returning to work with people after not having provided them with support for a few days. The reports provided a summary of people’s day to day support. Other records were maintained in relation to people’s healthcare, for example when people were supported with making or attending GP appointments.

Reports and guidance had been produced to ensure that events and incidents affecting people were followed up appropriately. We saw contingency plans had been produced which set out the action to take, for example if the person was involved in an accident. Incidents involving people had been documented to provide a record of what had happened and the action taken to help prevent a reoccurrence. We saw from the minutes of meetings that information was being shared between staff and learning points arising from incidents were discussed.

Staff said that meetings were also a useful way of keeping up to date with changes in people’s needs. This helped to ensure that staff had good information when they supported people who they hadn’t seen for a while. The minutes showed that people’s support and welfare were considered at meetings and any new risks or concerns were highlighted. Staff told us that information was also shared more frequently at handover meetings when staff changed during the day. One member of staff said, “We have meetings but we speak so often in between getting together that the sharing of information works really well.”

The provider showed us a new electronic diary that had been introduced across the three locations and the Small Opportunities office. It enabled staff and the provider to see at a glance the busy calendars for people at each location and to plan accordingly the support required in each service. It also gave the chance to share information and updates across the service. One member of staff said, “We can see the provider or be in touch with them on most

Is the service responsive?

days. They keep us up to date by email and electronic diary. For example, I can see that I need to bring my swimming gear into work on Tuesday when I go to work at one of the houses. It helps bring us all together.”

People said they knew who to speak to if they had any concerns or complaints. We were told about meetings when people met with the staff and could raise any matters

they were concerned about. People had been given information about making a complaint and who they could contact for advice in a format they could understand. We saw that the provider kept a record of complaints or concerns raised and the action taken in response to these. One person told us, “I would feel confident to make a complaint and I think I would be listened to.”

Is the service well-led?

Our findings

Small Opportunities office was run from the provider's home. The intimate, family focus for the service was maintained by the provider as some staff and people were family members or had become close family friends. People's feedback indicated they were receiving a well-run service. We heard from people that the service was meeting their needs and they had good relationships with the staff and management team. One person commented "I really think the staff would do something if I told them and I would if I had to, The manager is very nice."

Staff told us they were well supported in their work. We heard that staff felt they were provided with training and supervision. One staff member described how they were being supported with time to study for a postgraduate degree in intellectual disabilities. A member of staff said there was, "A real sense how the service was organised around the needs of people rather than the other way round which can sometimes happen". The provider was described as very approachable by everyone we spoke with. The relative of one person we spoke with said, "I can see or contact [the provider] at any time to air my views. Their heart is in the right place and that shows in everything they do. Whatever they do is for the right reason."

Staff told us they felt able to discuss any issues with their manager or with the provider. They said there was a policy on whistleblowing. They knew this meant reporting any concerns they had about poor practice or wrong doing at work. One staff member described how it, "Felt safe" to raise concerns or issues.

Staff understood how their work contributed to the quality of service people received. They were consistent in how they described the aims and values of the service and applied these in their support for people. We were told, for example, there was a, "commitment to people" and a focus on enabling people to live as independently as possible.

The provider had produced a policy on quality assurance. This set out a range of actions being taken to check standards and to identify where improvements may be

needed. For example, they undertook a number of audits and looked at different aspects of the service during checks. We saw a report had been completed of a check made in February 2015.

The provider was aware of the relatively new statutory Duty of Candour which aimed to ensure that providers are open, honest and transparent with people and others in relation to care and support. The Duty of Candour is to be open & honest when untoward events occur. The provider was able to describe unintentional and unexpected scenarios that may lead to a person experiencing harm and was confident about the steps to be taken, including a written notification. They were able to demonstrate the steps they would take including providing support, truthful information and an apology if things had gone wrong.

The provider collated feedback about the service. Improvement plans had been produced based on the outcome of audits and feedback received about the service. For example, we noted that the local authorities commissioning and contracts team had visited the service and made recommendations to give more structure for recording checks. We saw the provider set out any actions that needed to be taken, for example to health and safety checks, to continually improve the service.

The provider explained how they met their CQC registration requirements. They explained the process for submitting statutory notifications to the CQC to ensure that they were sent in a timely manner. This meant we had the most up to date information available about incidents that had occurred.

The provider was clear about their priorities. These had focused on team building and on developing a consistent approach to supporting staff. Different ways of obtaining people's views had also been established to ensure good feedback was obtained about the service. The provider was committed to on-going improvement in the service and was able to describe key challenges looking forward. Throughout the inspection process itself the provider was open and responsive to the issues we discussed. They told us, "I am lucky to have a team who work hard but there is always room to improve and today the inspection has provided a chance for us to improve still further."