

Care Opportunities Ltd

Care Opportunities Supported Living

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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Care Opportunities Supported Living provides care and support for individuals with learning and physical disabilities living in their own homes. At the time of the inspection the service was supporting 21 people.

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

The provider was outstanding and creative with their support to encourage people to build confidence and independence so they had an enhanced sense of wellbeing and quality of life.

The provider had systems and processes in place to manage medicines safely and protect people from the risk of abuse. Infection control measures were in place to minimise the risk of infection. The provider acted upon or learnt from incidents, such as managing and reporting medicines errors.

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.

Care workers had developed caring relationships with people they supported. Staff respected people's dignity and privacy and promoted and supported their independence.

People's care and support met their needs and reflected their preferences.

Management processes were in place to monitor and improve the quality of the service. There was a positive and open culture. The management team sought feedback from people, relatives and staff. Feedback was positive across all areas.

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

Rating at last inspection

The last rating for this service was Outstanding (published 1 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Care Opportunities Supported Living

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector and one inspection manager.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed information

we held about the service, for example, notifications. A notification is information about important events which the provider is required to tell us about by law. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and two family members. We spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider, the registered manager, behavioural specialist and three staff members. We looked at the care records of four people. We looked at four staff records, including training and recruitment records. We looked at other records to do with the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, policies and further recruitment information.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff were aware of the risks of abuse, the signs to look out for, and how to report any concerns should they have any. Staff told us they felt confident any safeguarding concerns would be dealt with effectively by the management team.
- People, relatives and staff we spoke with told us people were well cared for and safe. One person told us, "I feel safe, they [staff] look out for me." When asked if their loved one was safe one relative told us, "Safe and well cared for, God yes 100%."

Assessing risk, safety monitoring and management

- People had comprehensive risk assessments in place to manage risks such as the risk of self-neglect or the risk of being abused by others. Risk assessments had detailed information for staff and people to follow to minimise risks.
- Environmental risks were considered to ensure people and staff were safe in the homes or out in the community.
- Where people had risks to themselves and others due to potential behaviours that may challenge, plans were very detailed and included information on how the person may present when they first began to become distressed and what to expect with regards to any aggressive behaviours. There was clear guidance for staff on how to manage these and if necessary, how to restrain someone in the least restrictive way possible for their safety.

Staffing and recruitment

- There were sufficient numbers of staff to support people safely, according to their needs. People, relatives and staff confirmed this.
- The provider had a recruitment process which included the necessary recorded checks that showed candidates were suitable to work in the care sector. However, there were some gaps for some staff. The provider took action to rectify this in a timely manner.
- Staff had undergone pre-employment checks as part of their recruitment, which were documented in their records. These included references to evidence the applicant's conduct in their previous employment and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. However, the provider did start some staff in employment before their checks were in place. The provider believed these staff being shadowed was sufficient to minimise risks. Following inspection the provider confirmed they would no longer commence a staff members employment without sufficient checks in place such as a DBS

adult first check. A DBS adult first is a service available to organisations who can request a check of the DBS adults' barred list. Depending on the result, a person can be permitted to start work, under supervision, with vulnerable adults before a DBS certificate has been obtained.

Using medicines safely

- Where staff supported people with their medicines they followed procedures to make sure people received them on time, safely, according to their needs and choices, and as prescribed.
- People received their medicines from trained staff who had their medicines competency checked.
- The provider had a system to audit medicines records and follow up any gaps or mistakes in records. We reviewed people's medicines records and there were no gaps.

Preventing and controlling infection

- The provider had processes in place to reduce the risk of the spread of infection.
- Staff had access to hand gel, disposable gloves and aprons. Staff told us they had access to ample infection prevention equipment.
- Staff received training in infection control and food hygiene.
- There were reasonable steps in place to protect people from the risk of acquiring an infection.

Learning lessons when things go wrong

- The management team reviewed any accidents, incidents or concerns to drive improvements to people's care. The provider, following medicines errors recognised improvements were needed in how they reported these, which had been completed.
- Where accidents and incidents happened, the registered manager reviewed them to identify any trends or if there were any changes needed.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as outstanding. At this inspection this key question has now 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

- The service achieved good outcomes for people by delivering care based on comprehensive and effective assessments and care plans. Care plans were person-centred and identified people's individual needs and preferences. The clinical team reviewed people's care plans regularly to make sure care continued to be in line with their changing needs.
- People had their needs assessed to ensure they could be met prior to the provision of their care. People's care reflected national legislation, guidance and good practice.
- People had individual communication assessments to identify their preferred way of communication. Visual aids and prompt cards were used to support people.

Staff support: induction, training, skills and experience

- Staff completed an induction based on the Care Certificate, which is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff completed training the provider considered mandatory, such as safeguarding, first aid, and restraint, as well as training specific to people's individual needs, such as epilepsy, Down syndrome and healthy eating. One staff member told us the service was very supportive and encouraged professional development. Staff were able to gain further qualifications, funded by the provider.
- The management team had an effective system to monitor training and competency checks were carried out and evidenced to ensure staff skills remained at a good standard.

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

- Staff involved people in choices about what and how they ate and people were mostly independent and prepared their own food or were involved in preparing food.
- People were educated by staff to understand and make choices with regards to healthy eating. The provider ran healthy eating sessions for people if they wished to attend.
- Some people required some eating guidance due to their associated behaviours. Staff supported people by creating a 'strip', this was specific guidance, information and prompts for people to eat safely, such as if a person was at risk of choking whilst eating.

Staff working with other agencies to provide consistent, effective, timely care

- The service worked closely with other agencies to maximise the support people received.
- The registered manager told us they worked in partnership with epilepsy specialists, pharmacies, GP's,

community nurses, dieticians and social workers to meet people's needs and we saw evidence of this in people's care files.

Supporting people to live healthier lives, access healthcare services and support

- People were supported by staff who knew them and their healthcare needs well.
- People were supported to arrange healthcare appointments where required.
- Staff were provided with information about people's medical conditions and how they impacted on them so they could support them effectively.
- The registered manager sought and acted on guidance from other professionals such as behavioural specialists and dieticians.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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

We checked whether the service was working within the principles of the MCA , and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff understood mental capacity and the principles of the MCA. People's capacity to consent to specific decisions was sought and reflected throughout their support plans. People were supported to express their views and make choices about their care to give them maximum choice and control.
- Where a person may have lacked mental capacity to make a specific decision, assessments and best interest meetings were carried out in line with the MCA and its code of practice.
- The homes assistant psychologists educated people in the mental capacity act so that they had a greater understanding and knowledge in this area.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People, relatives and staff we spoke with told us the staff who cared for people were kind and caring.
- One person told us, "Staff are great here, I really like [registered manager] she is really funny." One relative told us, "[Loved one] is very happy here. Staff put us at ease and they have done wonders with [Loved one]."
- People had developed caring and meaningful relationships with staff. Staff and the management team spoke about people with great warmth and fondness. One staff member told us, "if it's not good enough for my [family member] it's not good enough for these [people]."
- The registered manager told us how they supported people and their families to maintain good relationships and contact. One example was of when a family member could not visit for a period of time. Staff arranged and facilitated daily calls between the relative and the person.

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

- People were actively involved in their care and support decisions and their relatives were included, where this was appropriate. One person told us, "I'm always involved in my care, everything in my care plan, happens." One relative told us, "I am involved in [Loved one's] care. Communication is good."
- The provider ensured people and their families could give feedback regarding the service in a number of ways. This included face to face, with an open-door policy, and through surveys. The survey showed people were 100% satisfied when asked, 'do staff treat you well', 'do staff encourage you to be as independent as possible' and 'do staff support you in a safe way.'
- People were encouraged and supported to complete a daily plan. This gave them control and promoted independence. People could choose and were encouraged to speak to a staff member in the evening to discuss how their day went and to express their emotions if they wished to.

Respecting and promoting people's privacy, dignity and independence

- People, relatives and staff confirmed people were treated with dignity, respect and that their independence was promoted as much as possible. One staff member told us, "We ensure people don't go in each other's rooms, if supporting with personal care people are asked if they want help or what they would like us to help with on that day."
- We observed staff encouraging independence. One relative told us, "[Loved one] does washing and looking after herself now, she is more confident. The encouragement staff give to be independent is great."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as outstanding. At this inspection this key question has remained the same.

This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

- At our last inspection we found the provider to be highly responsive to people's individual needs that led to positive and life changing outcomes for people with regards to emotional and behavioural support which led to people being empowered to lead more fulfilling and independent lives. At this inspection the provider had continued to support people in this way therefore maintaining their outstanding rating in this area.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider was outstanding and creative with their support to encourage people to build confidence and independence so they had an enhanced sense of wellbeing and quality of life. This helped people to no longer be socially isolated.
- The registered manager told us of how the clinical team had worked with one person to help them build the confidence to go out alone which they never had before. They had a fear of this and lacked confidence. The team slowly built this person's confidence by first going out with them, then encouraging small trips alone or a walk to a local shop. This person now travels in to towns alone on the bus and their confidence and sense of wellbeing has been greatly improved.
- One person who had previously been in a residential care home gained confidence and independence from staff to feel able to go out alone and engage in the community doing gardening.
- People were encouraged and supported to do a range of activities both within their homes and in the community. People had individual activity programmes that met their wishes and preferences. Activities included, cooking, going to the gym, swimming, gardening, attending a day centre, pamper nights, arts and crafts and gaming.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care which was highly personalised and flexible to meet their needs. Staff put people's choices and preferences at the centre of their care and adapted all aspects of their approach to reflect them. People were receiving care and support which reflected their diverse needs in respect of the protected characteristics of the Equality Act 2010.
- Staff had outstanding skills in working with people to understand and meet their needs, even in challenging circumstances, and to support them to have a good quality of life. Staff were imaginative and creative in their approach and tried new things, shared what worked well and what did not. One person had some support needs with regards to a healthier life style. Staff worked with this person over time to educate

them to be able to make healthier choices and be more independent. This was a person who struggled with mobility, confidence and did not go out independently. They now travelled independently to go and exercise and had started volunteering to give back to the community. To enable this progression, staff went to work with this person until they felt able to go to work alone.

- One person had their needs responded to with regards to the environment. This person became distressed if they felt 'closed in'. The provider adapted their room to have an en-suite shower room so they could leave the bathroom door open when in a smaller space. This meant the person could shower in their preferred way with the door open whilst maintaining their dignity.
- Another example was of a person who preferred to isolate themselves due to increased anxiety and their learning disability. This person avoided interacting with others and would come out of their room when the house was less busy or empty. Staff worked really hard to support this person to feel comfortable and confident to not socially isolate themselves. Planning support together and creating a 'mood scale' which helped this person to recognise when their mood was slipping and they could put actions in place to help this. This person now went out, attended discos, volunteered in two shops and was supported by staff to search for a permanent paid job, therefore having a better quality of life.
- Support plans were very person centred and detailed with specific guidance for staff to follow to meet people's individual needs. Support plans and reviews were carried out by the providers in-house clinical team. This comprised of a psychologist, a behavioural specialist and assistant psychologists. Having these roles in-house meant the service was able to respond faster to people's changing needs. For example, if a person's behaviours changed or escalated they could access therapeutic interventions straight away to get support to manage any associated feelings and de-escalate potential behaviours that may challenge or have a negative impact on people's lives.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People received information in a format they could understand such as written information in a larger font, information in picture format and information in an easy read format.
- Some staff were trained in Makaton. Makaton is a way of communicating through symbols and signs. The behavioural specialist was a Makaton train the trainer so could support staff, people and relatives to communicate using Makaton.

Improving care quality in response to complaints or concerns

- The provider had systems in place to log, respond to, follow up and close complaints. We noted that there had been no complaints since the last inspection.
- People and relatives told us they were aware they could complain but had not needed to.

End of life care and support

- The provider was not currently supporting anyone at the end of their life. The registered manager told us that if a person were to require end of life support that they would liaise with the appropriate agencies to ensure a person was supported and their wishes met.
- People could if they wished to make an end of life plan to ensure that if they came to the end of their life their wishes were respected. Some people had also been supported to arrange funeral plans.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People, relatives and staff consistently told us the service was well-led. There was a warm, caring culture within the service with a clear drive to provide high quality care. One staff member told us, "Support is excellent, [registered manager] is great, I couldn't fault her, always there even if a personal issue, can talk to her out of hours if we need to, she's always there."
- Spot checks and competency checks were carried out on staff to monitor the quality of the care being given.
- The provider held quarterly corporate governance meetings to ensure that the governing process is fair and open. A family member is always invited and attends in order to ensure transparency and to provide feedback from a stakeholder perspective.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibilities in relation to the duty of candour and told us they would act appropriately should things go wrong.
- The registered manager told us that they only provided care for people whose needs they could meet. This helped to reduce incidents as staff were skilled to provide the support people required.

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

- There was a governance system in place to ensure there was appropriate oversight of the service to identify improvements needed.
- The provider had systems and processes in place to monitor effectively the quality of the service.
- There were regular quality checks on care files, care logs, medicines records, staff files and other records. These were effective in identifying improvements needed, such as if staff training was due.

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

- In addition to day-to-day contact with people who used the service, 'house meetings were held and assurance surveys were given to people and relatives to gain feedback to improve the service. We noted

feedback had been positive with no improvements identified. The registered manager told us how open communication with people meant things were responded to quickly and people were happy with the service. One relative told us, "Any issues I have had have been dealt with straight away. I did have some anxieties when [loved one] first moved in. I always contact [behavioural specialist] and he deals with it straight away."

- Staff had the opportunity to share their opinions on the service in team meetings, supervisions and with the managers 'open door' policy. We observed an open culture within the staff team and the management team.
- The registered manager spent time regularly at the homes and when new staff started would even spend the night there to support new staff and ensure they were comfortable and competent in their new role. One staff member told us, "staff help each other out. It's a great team ."
- The provider held an annual awards ceremony to celebrate and reflect on people's achievements for the year. Families were invited to celebrate with their loved one's. One was also held for staff awards to celebrate staff achievements and value staff contribution.
- The provider made staff 'champions' in areas so they had designated staff to go to in areas such as the MCA and dignity and respect. This meant if staff or people required support or information in these areas there was a staff member knowledgeable to support them.

Continuous learning and improving care

- The management team had a system to monitor and improve people's care.
- Actions came from audits and quality assurance processes. This system had been effective in driving improvements, such as; a greater knowledge of when to report concerns to other agencies.

Working in partnership with others

- Collaborative working with agencies and organisations was prioritised. The registered manager spoke highly of professional relationships the service had established with a range of professionals and the benefits this had brought, in ensuring people had access to the right support at the right time.
- The provider had linked in with a local hospital to help student nurses gain knowledge and experience with people who may be living with a learning disability. The provider had begun to have student nurses as a placement and feedback so far had been positive.