

Community Living and Support Services Limited

# Community Living & Support Services Limited

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Community Living and Support Services Limited is a service which provides care for 42 people living in the community in a supported living environment. These are mainly young people with mental health needs and learning disabilities. Care ranges from a small number of hours per week to 24 hour care.

Not everyone who used the service received 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

There was a registered manager in post who was also the provider. A new manager had been in post for around five months. They were in the process of applying for registration with us.

Quality checks were carried out to monitor the service, however these did not always identify the concerns we found during our visit. These were in relation to training records, employment processes, changes in people's care needs and action taken following some concerns being raised. Action taken was not always documented to demonstrate processes were followed correctly.

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; however, systems did not always support this practice.

There were enough staff to ensure people were safe. Where risks associated with people's health and wellbeing had been identified, plans were in place to manage those risks while ensuring people could remain independent.

People received care which was responsive to their individual needs. Staff had a good understanding of how to support them well.

Care records provided information in relation to people's backgrounds, interests and care needs and this information was in the process of being updated.

Staff understood their responsibility to safeguard people from harm and knew how to report concerns.

The provider ensured care was based upon good practice guidance to help ensure people received an effective service.

Staff were caring in their approach and had good relationships with people. Promoting independence was a part of the ethos of the service and people were supported to improve their daily life skills.

Staff encouraged people to maintain a balanced diet and respected their individual choices. The provider and staff team worked closely with external healthcare professionals to ensure people's health and wellbeing was maintained.

Positive feedback was received in relation to the management of the service. People, relatives and staff had opportunities to feedback about the running of the service. For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The service was rated as Good in April 2017.

#### Why we inspected

The inspection was prompted by some concerns received about staff practices when supporting people. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm, however we did find improvement was required in some other areas.

We have found evidence that the provider needs to make improvements. Please see the Effective and Well – Led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

#### Enforcement

We have identified a breach in relation to 'Good governance' at this inspection. Systems and processes were not operated effectively.

#### Follow up

We will 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 not always effective

Details are in our effective findings below.

Requires Improvement 

### Is the service caring?

The service was caring

Details are in our caring findings below.

Good 

### Is the service responsive?

The service was responsive

Details are in our responsive findings below.

Good 

### Is the service well-led?

The service was not always well-led

Details are in our well-led findings below.

Requires Improvement 

# 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 Care Act 2014.

#### Inspection team

The inspection was completed by four inspectors over three days. On the third day, two inspectors visited people in their own homes and talked to staff. Following this, inspectors spoke with some people, relatives and staff over the telephone.

#### Service and service type

This service provides care and support to 42 people living in '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. Care was provided by staff to people living in 'units.' This was shared accommodation where people had their own flats and sometimes shared facilities such as a kitchen.

The service had a manager registered with the Care Quality Commission who was also the provider. Registered managers 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

The inspection was unannounced.

#### What we did before the inspection

Prior to the inspection we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as suspicion of abuse and serious injuries. We sought feedback from the local authority who work with the service who were aware of some concerns being raised.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with six people and six relatives about their experiences of the care provided. Some people were unable to tell us about their care or chose not to. We spoke with three members of care staff, the office manager, an apprentice administrator, the deputy manager, the manager and the registered manager. We reviewed a range of records including six people's care records and five medication records. A number of other records were reviewed in relation to the management of the service, including quality checks, meeting minutes and accidents and incidents. We looked at four staff files to ensure they had been recruited safely and had completed the required training.

# 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, Good.

Good: People were safe and protected from avoidable harm. Legal requirements were met.

### Assessing risk, safety monitoring and management

- Risk's associated with people's health and wellbeing had been identified, assessed and documented in care plans. These included management of behaviours, the environment, and medicines. For example, risks related to travelling in a vehicle informed staff how to reduce risks for one person.
- Staff had been trained in fire safety. Personal emergency evacuation plans were in place for individuals which documented their support needs in this situation. There had been a recent fire at one property due to a faulty electrical appliance in one person's flat and staff had ensured people were safely evacuated.
- An on-call system ensured staff could contact managers for advice and support out of office hours.

### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I'm always safe here with staff, no one is nasty, I get on with everyone." A relative told us, "I'm happy with everything, never any worries about safety. Everything is as it should be."
- Staff also told us people were safe. One said, "I have never had any concerns. I have always felt comfortable working here. I have never witnessed any abuse." Another staff member told us, "I would report any concerns to [Registered manager or Manager]. If I was still concerned I could go to the directors, Police or the social work team."
- The provider's policies and procedures provided staff with guidance of how to keep people safe. Staff understood the signs of abuse and how to recognise and protect people from this. A whistleblowing phone line was available if staff had any concerns about care provided. A staff member told us they had whistled in the past and in response swift action was taken by the registered manager.

### Staffing and recruitment

- People were supported by enough staff to meet their care needs. Care was provided based on people's assessed needs.
- There were some staff vacancies and new staff were being recruited. Those hours were being covered by existing staff, temporary agency and bank staff. Bank staff were staff employed directly by the provider, as and when required. Initial screening of applicants took place over the telephone; however, these conversations were not recorded. The registered manager told us they would do this now.
- Staff recruitment files included relevant checks to ensure all staff were suitable to work with vulnerable adults. Staff were unable to start work until these checks were completed and risk assessments were in place if required.

### Using medicines safely

- Medicines systems were organised, and people received their medicines as prescribed. One relative told us, "They give them their medicines. We have never had any problems with that, [Person] would tell me, as they know what tablets they are on and when they need to take them."
- Assessments were completed to ensure people were safe when administering their own medicine. Protocols were in place for the administration of medicines taken on an as required basis.
- Staff were trained to administer medication and regular competency checks were carried out to ensure they remained safe to do this.
- Changes had been made to one person's medicine and this was not clear on their medicine administration records how this decision had been made. The registered manager explained this decision was made by the GP as there had been a change to the use of medicine given as required, however agreed this was not clear and this was something which they would ensure was documented now.

### Preventing and controlling infection

- Staff received infection control training and followed good food hygiene practices to help reduce this risk.

### Learning lessons when things go wrong

- Staff completed reports when a person had been involved in an incident or accident or when there was a 'near miss'. ABC (antecedent, behaviour and consequence) charts were completed to record incidents, actions taken and any learning from these for staff.



# 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 Good. At this inspection this key question has deteriorated to Requires improvement.

Requires Improvement: This meant the effectiveness of people's care, treatment and support was inconsistent.

Staff support: induction, training, skills and experience

- Staff received an induction when they first started working at the service. This involved training and working alongside experienced staff.
- Staff completed the necessary training to enable them to carry out their roles and training was monitored to ensure this remained current. Training records were completed, however did not always reflect the correct dates when staff had completed this training and we were not always able to confirm this. For example, two staff records showed they had completed 12 different training sessions on one day which was not possible. The registered manager's signature was on some documentation however this had been signed by admin staff, not the registered manager. The registered manager told us these dates and signatures had been added by office staff, this was an error and that they would ensure the correct information was recorded in future. Staff were supported to take additional care qualifications if they chose to.
- Staff told us they felt the training was good, one staff member explained they had completed challenging behaviour training and found this particularly helpful. Relatives had mixed views. One relative commented, "They know triggers for their behaviours and talk them down. [Person] can be difficult and stubborn at times and hasn't got any patience. They seem to be trained as they know how to keep them calm." However, another relative felt staff did need more training to help them manage difficult situations.

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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of 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.

- Most people using the service had capacity to make decisions. Where people were unable to make decisions for themselves, mental capacity assessments or best interest's decisions had not been completed. Some basic information was documented on care records about some decisions which could be made. The manager told us, "I accept we don't do capacity assessments. We do need to do these, and these are being developed."
- Some people's personal documents were kept within care records and the registered manager confirmed people had requested these be kept at the service. There was no information to show people had requested or consented to this. There were other consent forms on file however. The registered manager confirmed they would now obtain people's written consent for these documents to be kept by the service if they chose to do this.
- One person had a court of protection order in place and the management team were aware of this process.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were complex, and care and support was provided in line with current guidance.

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

- People were supported to access meals in line with their needs and choices. One staff member told us, "We support people to be independent. Take them shopping and encourage them to choose healthy food options rather than fizzy pop and crisps." One relative expressed some concerns about their family member putting on weight, but acknowledged the person decided what to eat themselves.

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

- Staff communicated with other agencies such as the local authority and health professionals including psychiatrists, speech and language therapists and community nurses when required.
- Following reviews and the reduction of some people's medication, staff had liaised closely with health professionals to ensure these changes did not impact on people negatively.
- Overall advice given by professionals was documented. However, some health appointments for people had been missed and it was not clearly recorded why. The registered manager confirmed these were due to unplanned issues which arose on the day and would be recorded going forward. These appointments had taken place now.
- Communication passports documented important information about people should they need to be supported in another setting such as a hospital.

Adapting service, design, decoration to meet people's needs

- People had their own flats and access to some communal areas such as kitchens.

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

- Lifestyle and diet were considered to ensure people remained healthy.

# 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, Good.

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

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

- People told us staff were caring and were positive in their approach. One person told us about the staff, "It's basically like having a family at home. I am nearly there now (with independence). I am managing my own money. They helped me, I had no income, I was homeless, and they helped me get on my feet." Another person told us, "I would tell staff if I was unhappy, they talk to me to calm me down, I am happy living here, there are no problems."
- Most relatives were happy with the care provided. One relative told us care was excellent, staff were 'wonderful' and the way they treated their family member was 'lovely'. They went on to say, "I've never had any problems with any manager or any of the staff. They are respectful and friendly towards us as family. They seem to listen." Another relative told us staff were kind, had good hearts and tried to do their best which made their family member happy. However, one relative told us sometimes staff could be 'abrupt'. We told the registered manager about this and they confirmed this would be discussed with staff now.
- Staff told us why they thought their colleagues were caring. One staff member told us, "I think the staff are very good. I work alongside them, and they are respectful in the way they speak about people. Staff have gone out of their way for people. For example, attended appointments with them in their own time. People have a good rapport with staff. I think the care is amazing. I can't see any faults with it. People are cared for, it is homely and family oriented." The registered manager gave an example of how staff had identified some issues with a person new to the service. With some simple changes, such as buying a small piece of equipment this had improved their quality of life.
- Staff completed training in relation to equality and diversity. Some staff and people were supported around attending cultural events, diet and with individual needs in relation to sexuality.

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

- Staff understood the importance of people's views, wishes and choices being respected.
- People made decisions about their daily lives and care. An advocate supported some people in relation to making decisions about finances.

Respecting and promoting people's privacy, dignity and independence

- People were supported with day to day tasks such as making drinks and doing laundry to be more independent. For example, one person told us, "The staff are helpful, they help me budget my money, so I have enough for the week." A relative told us, "Staff helped [Person] get a mobility scooter. They absolutely

love it and get out and about. They love being independent and the scooter helps this, and they can go shopping now by themselves. It's really good as they get less anxious when they are busy."

- Staff supported people with dignity. A relative explained how their family member wanted to be independent and staff always treated them like an adult, which worked well. One staff member explained how people were supported with their personal care whilst ensuring they were given privacy at this time.

## 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 Good. At this inspection this key question has remained the same, Good.

Good: This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People, relatives and professionals had shared people's needs with the management team before the service started. This information was contained within people's assessments and reflected their preferences.
- Staff knew people well and support was provided in line with their wishes. For example, some people preferred support from staff of a certain gender which was arranged where possible. One relative commented some staff were younger, which did not always suit their family member at times.
- Care records were person centred. These contained service user profiles which enabled staff to understand about people's likes, dislikes and preferences. Goals were documented for people to achieve. Health sheets gave staff further information about medical conditions.
- People's care and support plans had been reviewed and updated to reflect any changes to people's needs. However, some care records required updating further or had missing information. This had been identified already by the manager who was in the process of doing this.
- People and relatives where applicable were involved in care review meetings with staff and professionals to ensure their care remained suitable. One relative commented, "I meet with the staff and we review the care. They ask if everything is okay and if there is anything that we want to change."
- People had opportunities to follow their interests and hobbies. One relative told us, "[Person] goes to a daycentre on Wednesdays. The staff are trying to get them another day there as they love it. That's good of them." One person was going to on a trip to Disneyland with staff.

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's information and communication needs were assessed, and staff understood these alongside the AIS. Information was provided to people in a format that met their needs for example, a brochure about the service was in a pictorial format. Another person with hearing loss was supported by staff in relation to this.

Improving care quality in response to complaints or concerns

- Where complaints or concerns had been received by the provider, they were followed up and information was used to make improvements if required. One person told us, "I've got no complaints, the staff look after me. I would talk to staff if I had any problems. I've got a social worker, (I could talk to), but I don't have any

concerns." One relative told us, "There are no problems with anything. We work with the staff. They let us know if there are any issues. I've got no concerns about the care they get." One complaint had been received about relationship difficulties between people in one unit. Although the registered manager told us they had responded to the complaint the actions taken in response, were not documented. The registered manager told us they would ensure this was done now.

#### End of life care and support

- No one at the service was receiving support with end of life care, however a care plan was in place for funeral wishes such as which music people liked to be played. Some of the information in this was not completed fully and the registered manager confirmed this was an area they would address. Further staff training was being planned to develop this area.

# 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 deteriorated to Requires improvement.

Requires Improvement: This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Managers and senior staff checked the quality and safety of the care provided, for example, checks in relation to medicines, finances and staff practice. These checks had been successful in identifying some areas for improvement, however we identified other areas where improvement was required. Records did not always document changes to people's care in relation to medicines and changes to health appointments. Recruitment procedures did document the process clearly for new staff being employed. Mental capacity assessments were not completed to reflect what decisions people could not make and consent for documents being stored by the service was not documented. Complaints had been actioned, but responses were not always documented. Some concerns raised by people had not been highlighted to the registered manager, so they were unable to act to address these.
- Some training records did not accurately reflect the dates staff had completed training. For example, two staff records showed they had completed 12 different training sessions on one day. Also, signatures on some training certificates was not that of the registered manager as was documented. We spoke with the registered manager about this. They said, "There is no way staff can complete all of that on one day." They explained the dates recorded in staff training records were the dates training workbooks had been checked by office staff. Therefore, it was unclear on what dates staff had completed their training. For three other staff records showed they had completed the Care Certificate (the Care Certificate is the nationally recognised induction standard.) However, this was not possible due to the length of time they had worked at the service. Systems and processes were not effective in identifying these issues.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance. Systems and processes were not operated effectively.

- The provider understood the legal requirements of their role including submitting certain notifications to us (CQC). Ratings from the last inspection were displayed at the service.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The management team consisted of the registered manager, a manager and a deputy manager. The manager told us they had identified some areas which required improvement and were in the process of

addressing these currently.

- The registered manager was clearly passionate about the service which had grown significantly. They told us they had identified the oversight at the service could be improved and this was one of the reasons why they had employed a new manager and they were committed to addressing this.
- Some challenges at the service included staff vacancies and in obtaining funding for people's care. The registered manager told us they voluntarily provided support at night for one person. Other challenges were in taking a step back to allow the new manager to manage the service, so they could concentrate further in overseeing this now it had grown.
- Relatives gave positive feedback about the management team. One relative told us, "Managers are very easy going and relaxed. I can phone if I need to. They keep me involved with what's going on. [Person] was feeling unwell and the manager phoned me to tell me they were taking them to the doctors." Another relative told us, "Managers seem fine. If I need to speak to them they make themselves available. It seems to be run well, and the manager seems to take things seriously. If I had to raise an issue I'm confident [Registered manager] would sort it out." However, one relative felt communication could be improved at the service.
- Staff felt managers were approachable. One staff member told us, "I have no concerns in going to anyone about issues I have or discussing anything with any managers. I don't think anything could be improved, it is a really good company."
- Staff felt supported on a day to day basis. Office staff called staff working in the units twice daily to ensure they were supported and there were no queries or concerns. A staff member of the month scheme ran where staff could nominate someone who received a small gift by way of thanks for their work. Staff supervision of performance was completed by senior staff.
- The provider understood their responsibilities in relation to duty of candour, that was being open and honest and accepting responsibility when things went wrong. Following some recent concerns being raised the manager spoke with every person who used the service to obtain their feedback. Where any concerns had been raised previously, steps had been taken to investigate and resolve these.

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

- Views of people were gathered at tenant's meetings to identify areas for improvement. It was not always clear what action had been taken following these meeting or how issues raised were addressed. We discussed this with the registered manager who confirmed they had not been made aware of one meeting where several issues were raised by people about staff. They confirmed this would now be discussed with staff further as to why they had not been notified of this. Satisfaction surveys had been sent out to gather feedback from people and relatives. Most responses were positive. However, one person commented communication could be better.
- Monthly staff meetings were held. These provided an opportunity for staff to feedback their views and suggestions.
- A provider newsletter gave information for people in relation to social events locally.

Continuous learning and improving care

- Learning from concerns and incidents contributed to continuous improvement. A number of incidents had been investigated by the registered manager and also reported to other agencies if this was required.

Working in partnership with others

- Staff and the management team worked with social workers, commissioners and other professionals to support people's care.



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
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems and processes were not operated effectively.