

C&O SLS Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

C & O SLS Limited support people to live independently in their own homes. The service currently provides personal care and support to 8 people. A supported living service enables people to live independently in their own home and receive care and support without total reliance on parents or guardians.

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

The service was able to demonstrate how they were meeting the underpinning principles of Right support, Right care, Right culture. However minor improvements were required to staff recruitment files. We have made a recommendation about the management of staff recruitment files.

Right Support:

Care and support were provided in a safe, homely, well equipped, well-furnished environment which met people's physical and sensory needs. People living at the service had adapted their bedrooms to their likings. People's independence was promoted.

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.

Right Care:

There was limited information in the support plans we reviewed relating to people's end of life wishes. We have made a recommendation about end of life wishes.

Care and treatment was planned and delivered in a way which was intended to ensure people's safety and welfare. There were enough staff to meet people's needs. There were systems in place to minimise the risk of infection and to learn lessons from accidents and incidents. Medication was dispensed by staff who had received training to do so and assessed as competent.

Right Culture:

Support focused on quality of life and followed best practice. Staff involved people, their family and other professionals as appropriate to evaluate the quality of support given and obtain feedback to improve people's day to day quality of life. People living at the service made choices and took part in meaningful activities which were part of their planned care and support. Staff supported them to achieve their

aspiration and goals.

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

Rating at last inspection

The rating at the last inspection was good (published 5 October 2017).

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding. We undertook a focused inspection to review the key questions of safe, responsive, and well-led only. For those key question not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for C&O SLS Limited on our website at www.cqc.org.uk

Recommendations

We have made a recommendation about staffing and recruitment and end of life wishes.

Follow up

We will continue to monitor information we receive about the service, which will help us inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service is safe.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service is responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service is well-led.

Details are in our well-led findings below.

C&O SLS Limited

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by 1 inspector and an expert by experience who made telephone calls to relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides care and support to people living in 3 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

We visited the service on 4 and 5 December 2023.

During the inspection

We visited 1 of the supported living addresses. We spoke with 1 person who used the service and 6 relatives about their experience of the care provided. We spoke with 3 members of staff, the registered manager and director. We also received feedback from 4 health professionals.

We reviewed a range of records. This included 2 people's care records and 3 people's medicines records. We looked at 3 staff files in relation to recruitment and staff supervision. We looked at the provider's arrangements for managing risk and medicines management, staff training data, complaints, and the provider's quality assurance arrangements.

Is the service safe?

Our findings

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

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

Staffing and recruitment

- Staff were safely recruited, and the provider had completed the relevant employment checks prior to them starting work. Minor improvements were needed to staff recruitment files. For example, staff files did not include staff medical history, interview records and a lone worker risk assessment. The registered manager took immediate action to make the necessary improvements.

We recommend the provider ensures all the necessary recruitment checks are carried out in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had processes in place to ensure all staff received an induction and staff we spoke to told us they had an induction. However, a formal record of the induction was not in place. Following the inspection, the registered manager introduced a formal induction record for all staff.
- There were enough staff to support people's needs. A relative told us, "Staff know [family member] well. They see [family member] 24/7 and work as a team. They have consistent set hours."
- The numbers and skills of staff matched the needs of people using the service. A relative told us, "The staff all know exactly what they are doing and have really helpful. The staff have a good understanding of [family member's] risk of choking whilst eating."
- Staff were subject to checks with the Disclosure and Barring (DBS). The DBS provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Assessing risk, safety monitoring and management

- The registered manager assessed the risks within the environment, including the building, equipment, and fire safety. There were plans to be followed in the event of an emergency evacuation including a fire risk assessment for each person. However, people did not have a personal emergency evacuation plan (PEEPS) in place. PEEPS gives guidance on how to safely evacuate a person in the event of any emergency situation. Following this inspection, the registered manager completed a plan for each person and shared a sample of them with us.
- Risk assessments had been completed to provide staff with guidance on how to keep people safe and minimise risks. Assessment's included people's healthcare needs, how people moved around the service, skin integrity, choking and risks associated with nutritional and fluid intake. Assessments and plans were regularly reviewed and updated following any incidents, such as a person falling.
- People's care records helped them to receive the support they needed. Staff kept accurate, complete, legible, and up-to-date records, and stored them securely. The registered manager and director told us, "We work closely with people, families and health professionals when formulating and reviewing the support

plans."

- The registered manager and director told us they believed in positive risk taking and would try to accommodate any activities people wanted to do by putting a risk assessment in place to support this.
- People were encouraged to live fulfilled lives, and risk assessments were in place to support this. A relative told us, "Staff are fabulous and always encourage [family member] to do different things."

Learning lessons when things go wrong

- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and the registered manager investigated and took action. Lessons learned from incidents were shared and discussed at meetings and supervisions and used to improve people's care. However, there was no formal record kept for lessons learnt. The registered manager told us they will implement a record evidencing their lessons learnt.

Using medicines safely

- People were given their medicines safely and as prescribed, and it was recorded on their medicine administration record (MAR).
- We carried out checks of boxed medicines held in the medicine cupboard in the main office and the amount in the boxes reconciled with the total amount recorded on the Medication Administration Records.
- Staff did not support people with medicines until they had completed the required training, and medicine competency assessments were seen. A health professional told us, "Staff communicate well as a team, undergo training and competency supervisions and appear well motivated."
- People had care plans and risk assessments in place which detailed what medicines they were prescribed and how they liked to be supported. Protocols were in place for medicines which were given as and when needed, such as pain relief medicines. This provided staff with information about the dosage and reasons for administering.
- Medicines were stored securely and within the appropriate temperature range.
- Team leaders completed monthly audits of people's medicines. There was a robust system in place to identify any shortfalls and to ensure people received their medicines safely.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and how to protect them.
- Staff had received training in safeguarding and knew how to raise any concerns. Staff told us, "I know how to report any concerns of actual or potential abuse, and I would know how to escalate them if I needed to." A health professional told us, "I feel the care and support goes beyond safe - C&O work in a person-centred and therapeutic way to support their service users."
- People using the service and their relatives told us they felt safe. A relative told us, "Yes [family member] is absolutely safe. I have no concerns." A person told us, "I feel very safe here. I have no worries."
- The registered manager understood their legal responsibilities to protect people and share important information with the local authority or CQC and had sent the appropriate notifications when necessary.

Preventing and controlling infection

- Staff had received training in infection prevention and control and supported people to minimise the risk of infection.
- Risk assessments were in place for people to mitigate risks from infections.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff understood their roles and responsibilities in relation to the MCA 2005 framework. At the time of the inspection, where a restrictive practice was in place to ensure safety and wellbeing, an application was in the process of being submitted and assessed.
- Where a person lacked capacity, a meeting had been held to ensure decisions were made in their best interests. This included discussions around whether the person could safely leave the house on their own.
- Staff knew about people's capacity to make decisions through verbal or non-verbal means, and this was well documented. Care plans listed in which specific areas of support decisions had been made for a person. This was in line with best practice as it advised staff that a person had capacity to make decisions in other areas.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question outstanding. The rating for this key question has changed to good. This meant people's needs were met through good organisation and delivery.

End of life care and support

- At the time of the inspection, there was no one receiving end of life care.
- The registered manager had introduced end of life pictorial care plans. However, we found these had not completed for people using the service.

We recommend the provider seek advice and guidance from a reputable source, about supporting people to express their views and involving them in decisions about their end of life care.

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

- People's needs were fully assessed prior to their admission to the service. This ensured their needs could be met and the service was appropriate for them. A person told us, "They asked me about what I liked and didn't like. They always asked me questions."
- Staff provided people with personalised, proactive and coordinated support in line with their care plans. People's care plans contained in-depth information about their needs, including essential information relating to health, communication, likes and dislikes.
- People were supported by a small team who knew them well and how they like to be supported. One relative told us, "Staff have gone out of their way to get to know [family member] because they are interested."
- People's care was reviewed regularly, and people had the opportunity to shape the service they received. The registered manager told us they regularly amended or updated the care plans with families as and when required. A relative told us, "They always call me if there's ever any concerns or changes. Their communication is amazing. They always go above and beyond."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Support plans were in place to help people's communication needs. Staff knew people's individual communication styles including key words and their meanings.
- Staff received training to work with people who may have communication difficulties and use tools such as, objects of reference or pictorial guides and easy read formats.

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

- People were engaged in various activities throughout the day, either independently or with members of staff. People went out for walks during the day and attended appointments. We saw people socialising in the communal lounge as well as going to their own rooms to have quiet time or listen to music when they wanted to.
- People enjoyed social trips into the local community together and were supported to visit their relatives. A relative told us, "Staff always take [family member] out when they want to go anywhere. A person told us, "I go out all the time. We don't like sitting at home. I go to the cinema every week and I am going to the Cathedral this evening."

Improving care quality in response to complaints or concerns

- There was a policy on how to manage and record complaints.
- The service treated all concerns and complaints seriously, investigated them and learned lessons from the results, sharing the learning with the whole team and the wider service. We found an example where a person had raised a complaint to the registered manager and action was taken to resolve the complaint.
- People felt they could raise concerns and complaints easily and staff supported them to do so. However, we received variable comments from families. A relative told us, "I've never had to make any complaints, only questioned something once and it was dealt with." However, another relative told us, "I have asked for an informal meeting with the manager, but they still have not responded to me." The registered manager told us they were currently dealing with this request.

Is the service well-led?

Our findings

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

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

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

- There was an effective quality audit system in place which included a monthly report to analyse themes or trends. However, the registered manager told us that following our inspection, they would strengthen their auditing system in respect of personal emergency evacuation plans (PEEPs), staff files and end of life processes.
- The registered manager and director had the skills, knowledge and experience to perform their role. They had a clear understanding of people's needs and maintained oversight of the service they managed.
- Staff were committed to reviewing people's care and support on an ongoing basis as people's needs and wishes changed over time. The service had regular contact with health professionals and updated support plans accordingly.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive, and empowering, which achieves good outcomes for people

- People's equality and diversity characteristics had been considered and integrated into their care plan.
- The registered manager and director sought regular feedback from relatives and people they supported. The service conducted surveys which people, relatives and staff completed. This feedback was used to improve the care provided. A relative told us, "There has always been good communication with the manager. If we were not happy even with little things, we will talk to her. I know the manager well."
- Staff received regular supervision to discuss their support needs and any practice issues. Staff told us, "We use our supervisions to discuss people and their wellbeing, the running of the service and how we can make changes if we need to. I find the supervisions really valuable. The team leaders and manager always listen to our suggestions and we feel included."
- Staff were positive about working at the service and promoting good outcomes for people. One member of staff said, "We work well as a team together, I enjoy my job and I like supporting people so that they can live their best life."
- The management had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible. A person told us, "If I could freeze time now then I would. It speaks volumes and I am so happy with the care [family member] receives." A health professional told us, "I think that C&O provides a service that is superior to most supported living services we work with."

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 and director understood their responsibilities under the duty of candour, we saw evidence where incidents had occurred, and investigations had taken place the service had acknowledged this, and apologies were sent to people where needed. However, there was no formal record kept for lessons learnt.
- The registered manager and director worked closely with the local authority to investigate any safeguarding concerns and implement any learning from these.

Continuous learning and improving care; Working in partnership with others

- We found there was a positive culture around continually learning and developing the service. The registered manager and director told us they were always discussing how to move forward and improve the service.
- The service worked with other professionals to help provide people with joined up care. This included the local authority, pharmacy, speech and language therapists, occupational therapists, district nurses and GPs.