Community Living and Support Services Limited

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Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

We inspected this home on 3 November 2015. This was an unannounced Inspection. The home was registered to provide personal care and accommodation for up to five people who may have a learning disability or mental health support needs. At the time of our inspection five people were living at the home.

The service was previously inspected in July 2014 and at that time we found the service was not compliant with two of the regulations we looked at. The issues identified that the provider did not have suitable arrangements in place for assessing and monitoring the quality of service

Summary of findings

provision and did not always keep records and information up to date in relation to the care and support provided. The provider took action and at this inspection we found improvements had been made.

There was a registered manager at the home but they were unavailable on the day of the inspection. We spoke with the registered manager following our inspection to discuss the outcome. A registered manager is a person who has registered with the Care Quality Commission 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.

We found that people using this service were safe. People told us they were encouraged to raise any concerns they had and this was confirmed by relatives. We found that staff knew how to recognise when people might be at risk of harm and were aware of the registered provider's procedures for reporting any concerns.

We received positive comments from people using the service and their relatives about the staffing arrangements in the home. We saw that staff knew people well and could describe consistently their personal preferences and preferred routines. Staff treated people with respect and communication between staff and people using the service was respectful and inclusive.

People were supported by staff who had received training and who had been supported to obtain qualifications. This ensured that the care provided was safe and followed best practice guidelines. Robust recruitment checks were in place to ensure new staff were suitable to work with people using the service.

People told us they received their medicines safely. Staff responsible for administering medicines had received relevant training.

People told us that they were involved in the planning and reviewing of their care. People's needs had been assessed and person-centred care plans were being developed to inform staff how to support people in the way they preferred. Measures had been put into place to ensure risks were managed appropriately.

People told us they had access to a variety of food and drink which they enjoyed. People were supported to eat and drink sufficient amounts to help them to maintain good health. People told us they were supported to have access to a wide range of health care professionals.

Staff we spoke with were knowledgeable of the requirements and their responsibilities in line with the Mental Capacity Act 2005. Some necessary applications to apply for Deprivation of Liberty Safeguards (DoLS) to protect the rights of people had been submitted to the local supervisory body for authorisation.

People told us, or indicated that they were happy living at the home. People told us they continued to pursue individual interests and hobbies that they enjoyed and they were happy with the range of activities available to them.

People using the service and their relatives knew how to raise any complaints. The complaints procedure was displayed in different formats to support people's preferred way of communicating.

There were systems in place to monitor and improve the quality of the service provided; these were effective in ensuring the home was consistently well led and compliant with the regulations.

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.

People were kept safe from avoidable harm by the actions taken by staff and identified risks were being well managed.

There were sufficient and suitable staff to meet people's individual needs.

Medicines were safely managed to keep people safe.

Good

Is the service effective?
The service was effective.

People's choices and rights were respected and staff understood the requirements of the Mental Capacity Act.

Staff had the knowledge and skills they required to meet the needs of the people and were well supported.

People were supported and encouraged to maintain good health and to eat well.

Good

Is the service caring?
The service was caring.

People were well supported by staff who provided respectful care in a sensitive and dignified manner.

People were supported to maintain skills in line with their own wishes and preferences.

Good

Is the service responsive?
The service was responsive.

People were involved in planning their on-going care and were supported to maintain relationships in line with their wishes. People told us they were supported to pursue their interests and hobbies within their home and the local communities.

People and their relatives were aware of how to make complaints and share their experiences and concerns.

Good

Is the service well-led?
The service was well-led.

There were effective systems in place to monitor and improve the quality of the service provided that was compliant with the regulations.

The management team were effective, approachable and accessible.

Good

Community Living & Support Services Limited

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. This inspection was planned to check 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 service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 3 November 2015 and was unannounced. The visit was undertaken by one inspector.

Prior to the inspection we looked at the information we had about this provider. We also spoke with service commissioners (who purchase care and support from this service on behalf of people who live in this home) to obtain their views.

The provider was asked to complete a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This information was received when we requested it.

Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any safeguarding matters. Appropriate notifications had been sent by the registered provider with the exception of one incident that had occurred. This was received following our inspection.

All this information was used to plan what areas we were going to focus on during the inspection.

During the inspection we met and spoke with five of the people who lived in the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us. We also spent time observing day to day life and the support people were offered. We spoke with four relatives of people and one visiting health and social care professional during the inspection to get their views. In addition we spoke at length with one member of care staff and one team leader.

We looked at some records including three people's care plans and medication administration records to see if people were receiving the care as planned. We sampled two staff files including their recruitment process. We sampled records about training plans, resident and staff meetings, and looked at the registered providers quality assurance and audit records to see how the service monitored the quality of the service.

Good

Is the service safe?

Our findings

People who lived in the home told us that they felt safe living at the home. One person told us, "I feel safe living here." People looked relaxed in the company of the staff and their environment. All of the relatives we spoke with told us people were kept safe at the home.

People told us if they did not feel safe they would tell staff members. One person we spoke with told us, "If I am worried about anything I would tell [name of registered manager]." Another person living at the home told us, "If I had any concerns I would go straight to [name of manager]." A relative we spoke with told us, "If I had any concerns at all I could approach any of the staff, they would all help me."

We spoke with two members of staff; both had received safeguarding training and were able to identify the types of abuse people receiving care and support were at risk from. Staff understood their responsibility and told us that if they had concerns they would pass this information on to a senior member of staff. They were confident their concerns would be responded to appropriately. Staff knew the different agencies that they could report concerns to should they feel the provider was not taking the appropriate action to keep people safe. The registered provider had a whistle-blowing policy and a confidential hot-line telephone number. Staff we spoke with told us they were aware of the number and could describe how to raise concerns confidently.

We looked at the ways in which the risks to people living in the home were managed. Potential risks to people who used the service had been assessed and action had been planned and taken to keep people safe, whilst still promoting people's freedom, choice and independence. We noted that one person's assessment had not identified a potential risk. Staff were able to describe how to support this person in the event of an emergency. This was brought to the attention of the person in charge on the day of the inspection and we were told the records would be updated immediately. Staff told us that they were aware of the need to report anything they identified that might affect people's safety and that they had access to information and guidance about risks.

Staff could consistently describe plans to respond to different types of emergencies. Staff we spoke with told us they were aware of the importance of reporting and recording accidents and incidents. Records we saw supported this; accident and incident records were clearly recorded and outcomes for people were detailed.

There were sufficient numbers of staff on duty to meet the individual needs of people using the service. A person we spoke with told us, "When I need to go shopping, the staff will always take me." A relative we spoke with told us, "Staff are always available when I come to visit." Staff we spoke with told us that there were enough staff to support people and meet their individual needs.

We saw staff were visible in the communal areas and we observed people being responded to in a timely manner. The registered manager told us that they do not use a specific staffing level assessment tool to establish their current staffing levels; the numbers were based on the specific needs of the people who used the service and we saw records that had a detailed breakdown of people's individual care needs. Staff rotas showed that staffing levels had been consistent over the last four weeks prior to our visit.

The provider stated in the provider information return (PIR) that they had robust recruitments process in place to ensure staff were safely recruited. This process was confirmed by a member of staff who had recently been recruited. They told us, "I had to provide references and complete a check with the Disclosure and Barring Service (formerly Criminal Records Bureau) before I could start work." The recruitment records we saw demonstrated that there was a process in place to ensure that staff recruited were suitable to work at the home.

We saw a member of staff preparing and administering medication to people; this was undertaken safely and in a dignified and sensitive way. People were encouraged to assist in their own administration which promoted their independence. One person told us, "I always have my medicines on time." We looked at the systems for managing medicines and found systems were effective in ensuring that medicines had been administered as prescribed. We noted that two medicine protocols were not in place for medicines that are prescribed for "use as needed" (PRN) this meant some medicines could be at risk of being administered incorrectly or inconsistently. Staff

Good

Is the service safe?

told us they were aware of how medicines should be administered. Improvements to reduce some of the risks of errors were actioned by the person in charge before we left the service.

Some people had secure and locked medication storage in their own accommodation to aid their independence and each of these people also had keys to their accommodation. People had been assessed to ensure that they were confident and able to manage their own medication. Staff told us they had received training to administer medication and that competency assessments had been conducted to ensure they were able to administer medicines safely.

Good

Is the service effective?

Our findings

We spent time talking with people about how the skills and abilities of staff ensured that their care and support needs were met. A person living at the home told us, "Staff know how to look after me." A relative we spoke with told us, "Staff seem to be well trained and know what they are doing." Staff we spoke with told us that there was a variety of training offered to them that they were expected to complete and some leading to qualifications in care. They spoke positively about the quality and content of the training offered to them.

Staff rotas we saw demonstrated that the registered manager had ensured there was a mix of skills and abilities amongst the staff. The registered manager told us that medication administration competency was checked and that there were plans to introduce care observations to check staff competency in practice. All the staff we spoke with told us they had received regular supervision and felt well supported.

A new member of staff told us "I also did some shadowing where I observed [more experienced staff] before I was left on my own." The registered manager told us that any new staff recruited had to complete the care certificate, which was a key part of the provider's induction process for new staff.

Staff told us that they received handovers from senior staff before they started each shift in the home and said communication was good within the team. Staff told us that the handovers ensured that they were kept up to date with how to meet peoples' specific care needs.

The Mental Capacity Act 2015 (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.

Staff we spoke with were knowledgeable and had received training about their responsibilities to promote people's rights in relation to the MCA. We saw that staff supported people in a way that reflected the principles of the act. We saw they regularly sought consent from people before attending to their daily living needs. One person we spoke with told us, "Staff always ask me if I need support with my shower, but I like to be independent and do it myself." Another person told us, "I have my own key to the front door." One member of staff told us, "Some people here are unable to communicate verbally, but they can still give consent and make simple decisions like saying yes or no."

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). 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 were being met.

We found that applications had been made to the local supervisory body for DoLS as required and in line with the legislation.

People told us they had access to a wide range of different food and drinks. People told us they enjoyed being independent and making their own meals and that they did their own food shopping independently or with support from staff. One person told us, "I make my own breakfast and then staff support me with preparing and cooking my tea." We saw some people choosing what food they wanted to eat and then cooking it in communal areas with support from staff. Support provided was individually determined for each person. We saw that the interactions between staff and the people they were supporting were positive with lots of chatter and laughter. We saw that mealtimes were a pleasant experience and a time for socialising and chatting; people seemed to enjoy their meals and had enough time to eat at their own pace.

One person we spoke with told us, "I have a choice of what I want to eat and when I want it." A relative we spoke with told us, "I often ask [name of relative] what they have had to eat and if it was nice, they always say positive things." Where people had support needs in respect of their nutrition and/or swallowing risk assessments, care plans were in place. All of the staff we spoke with had a good knowledge of individual people's dietary and hydration needs.

People living at the home had a range of health conditions. People were supported to stay healthy and access support and advice from healthcare professionals when this was required. One person living at the home told us, "If I need to

Good

Is the service effective?

go to the doctors or the dentist then I go with [name of relative]. I like to go with them." A relative we spoke with told us, "[name of relative] have all their health needs met and there is very good communication." We spoke with a visiting health and social care professional on the day of the inspection who gave us positive comments about the care given to people and leadership at the home.

Good

Is the service caring?

Our findings

People told us that staff were kind, caring and helpful and this was confirmed by their relatives. One person told us, "Staff are really nice, I really like my own independence and I do love living here." A relative we spoke with told us, "Staff are lovely, my [name of relative] is very happy and that is all that matters to me."

A person living at the home told us that visitors were able to visit anytime and that visitors were always welcomed and looked after by the staff. One person told us, "My [name of relative] comes to visit me all the time, we spend time together in my room, sitting on the sofa and I make us cups of tea, it is really lovely."

We saw positive and respectful interactions between people and staff. Some people were able to talk to staff and explain what they wanted and how they were feeling. Others needed staff to interpret and understand the person's own communication style. We saw that staff responded to people's needs in a timely and dignified manner. We observed examples of staff acting in caring and thoughtful ways. One person told us, "I love Christmas, staff will help me to put my tree up." A relative we spoke with told us, "Staff are kind and they treat [name of relative] with dignity."

Staff we spoke with had a good appreciation of people's human rights and promoted dignity and respect. One person told us, "Staff respect that I'm very independent and like to do what I want to do." One member of staff told us, "People here have the right to make their own decisions."

People were routinely involved in planning how their care needs were to be met in line with their own wishes and preferences. The staff we spoke with told us they enjoyed supporting people and they could describe people's health and personal care preferences and preferred routines.

We saw staff treating people with dignity and respect. Opportunities were available for people to take part in everyday living skills. We observed people going out shopping both independently or with the support of staff. People had access the kitchen and could if able independently prepare and cook their own meals.

We saw that staff actively engaged with people and communicated in an effective and sensitive manner. People told us they were able to choose what they wanted to do. A person living at the home told us, "I go to bed when I want to and love watching television in bed late at night." This showed that staff encouraged people to make their own choices and decisions.

Good

Is the service responsive?

Our findings

People told us they had been involved in the planning and reviewing of their care. They were happy with the quality of the care provided which was provided in the way that they wanted. One person told us, "I have recently attended a review about my care needs, it was an important meeting." Another person we spoke with told us, "I go to college twice a week; I really enjoy attending the classes. Staff take me on the bus sometimes." Visitors we spoke with told us that they were asked to contribute towards their relative's care plans and had participated in their care reviews. They told us that they were pleased with the support and care their relatives received and praised the staff. We saw that the statement in the provider information return (PIR) that reviews of care plans were led by people who use the services was experienced by all the people we spoke with.

People had care and support from staff who knew them and had information to provide appropriate care. Care plans included people's personal history, individual preferences and interests. They reflected people's care and support needs and contained a lot of specific information and guidance for staff to enable them to provide individualised care and support. We saw these had been regularly reviewed and any changes had been updated. Staff, who were named workers assigned to support people, were able to describe people's life histories, things that were of importance to individual people or what had mattered to people throughout their lives.

We looked at the arrangements for supporting people to participate in their expressed interests and hobbies. People told us about the activities that they took part in. One person we spoke with told us, "We went Glamping (camping in style) a few weeks ago, we had a great time." Another person said, "I enjoy social network sites and watching sport on the television. I've been to football matches."

People were supported to maintain relationships with people that mattered to them. One person told us, "I talk with my family every day, I have my own phone." Another person told us, "I went on holiday with my relative, we had a great time."

People knew how to complain and were confident their concerns would be addressed. A person we spoke with told us, "I would complain to [name of registered manager]." Relatives told us that they happy with care. One relative told us, "I have not got a bad word to say."

The registered provider had a formal procedure for receiving and handling concerns. A copy of the complaints procedure was clearly displayed in the home and was available in different formats to meet the communication needs of people living in the home. Records identified no complaints had been received during the past twelve months. The registered manager told us there were plans in place to start recording and reviewing all minor concerns so they could identify and monitor trends and identify any improvements needed to the service.

Good

Is the service well-led?

Our findings

We last inspected this service in July 2014. At that time we found the provider was breaching the regulations in respect of governance and recording issues. We found that the provider had taken action since then and had ensured that effective systems were in place to monitor and improve the quality of the service provided. They had also had taken action to ensure care plans were accurate and accessible to staff. These actions were effective in ensuring the home was consistently well led and compliant with the regulations

A comment from a person living at the home included, "[name of the manager] is kind and listens to me". People who lived at the home and their relatives spoke positively about the registered manager. Feedback was consistently good; people knew the manager by their name and spoke very highly of them and told us they could approach them at all times. People we spoke with told us the manager's spent time talking to them and knew them well. One relative told us, "[name of manager] is very supportive and approachable."

The provider stated in the provider information return (PIR) that they hold resident and staff meetings to invite people to share new ideas about how to improve care and support for people using the service. The person in charge on the day of the inspection told us that people were supported and encouraged to give feedback about the service and advised that some people had completed questionnaires. The questionnaires were available in different formats which met individual communication needs. A person living at the home told us, "I am asked for my views about how this home is run and [name of relative] helps me to complete it." A relative we spoke with told us, "I have completed surveys regularly since my relative has been here." People and their relatives told us that the service held regular meetings providing opportunities for people to express their views and experiences of life at the home. We saw that staff meetings took place. We noted that feedback had not always been used to drive improvement within the service. The person in charge on the day of the inspection told us there were plans to address all feedback received for the future.

The culture of the service supported people and staff to speak up if they wanted to. Information about raising concerns was clearly displayed around the home which was accessible in different formats to meet people's individual communication needs. Staff we spoke with were knowledgeable about how to raise concerns and told us that the registered manager encouraged them to tell the truth and own up to any mistakes. They were able to describe their roles and responsibilities and knew what was expected from them.

Organisations registered with the Care Quality Commission have a legal obligation to notify us about certain events. The registered manager had ensured that effective notification systems were in place and staff had the knowledge and resources to do this. Our discussions with the registered manager following our inspection showed that they were aware of changes to regulations and were clear about what these meant for the service.

Staff told us that staff meetings were held regularly and were well attended. We saw staff meetings took place and they identified that concerns received were shared with the staff to ensure improvements could be made and were used as a way of ensuring communication within the home was effective. Records of accidents and incidents demonstrated that the registered manager analysed the data to identify any trends or issues. Staff we spoke with told us that they were aware of the previous Care Quality Commission inspection report. We saw a copy of the report displayed on the notice board in the reception area. Staff had a shared understanding of the key challenges within the service.

There were systems in place to monitor the quality of the home; these had been used to ensure the home maintained robust records and a focus on continuous improvements. The registered manager had systems in place to review trends and themes in order to measure the quality of care.