

Community Supported Living 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 ●

Summary of findings

Overall summary

This inspection took place on 12 and 18 March 2019. We gave notice of the inspection to the registered manager to ensure they would be available.

Community Supported Living is a community based organisation that supports people, predominantly people who have mental health needs, to live in their own homes. At the time of our inspection, Community Supported Living supported 69 people who lived on the Wirral and employed 39 staff.

Not everyone using the service received the regulated activity 'personal care'. The Care Quality Commission (CQC) only inspects the service being received by people provided with personal care such as help with tasks relating to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

There was a registered manager in post. 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.

At our last inspection on 3 and 16 June 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The support people received was reliable and was delivered at a time agreed with them. People's support plans were person-centred and focused on their individual support needs and managing risks to their health and wellbeing. This meant that people who had a history of frequent hospital admissions were able to live in the community without being admitted to hospital.

The service was fully staffed with trained and experienced support workers. Staff told us they were well supported and were happy in their roles. New staff were recruited safely and received a comprehensive induction, training and support programme. Established staff received regular supervision, appraisal, and training refreshers.

People told us they were happy with the support they received and that all of the staff were caring and respectful.

The manager and other senior staff worked alongside the support workers and people knew them by name and found them approachable. The manager had systems in place to monitor the quality of the service and to consult with people about the service they received.

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 remains good.

Good ●

Is the service effective?

The service remains good.

Good ●

Is the service caring?

The service remains good.

Good ●

Is the service responsive?

The service remains good.

Good ●

Is the service well-led?

The service remains good.

Good ●

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. 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.

Before the inspection we looked at the information CQC had received from, and about, the service since our last inspection including the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

This inspection took place on 12 and 18 March 2019. We gave notice of the inspection to the registered manager to ensure they would be available. The inspection was conducted by an adult social care inspector and following the inspection, an expert by experience spoke by phone with five people who used the service. An expert by experience is a person who has personal experience of using, or caring for someone who uses this type of care service.

During the inspection we spoke with five people who received support from the organisation, one relative, and five members of staff including the registered manager. We also received written comments from a further 12 members of staff. We looked at the care files and support plans for three people and a sample of records relating to people's medication and finances. We also looked at management records including staff training and recruitment, and quality monitoring.

Is the service safe?

Our findings

Staff worked in teams based in the community under the supervision of a team leader. Staff rotas were carefully prepared to ensure the correct staff were on duty each day to meet the needs and preferences of the people who used the service. The manager told us they never missed a call because there were always staff on stand-by to cover for any sickness or absence. One of the people who used the service told us "I've been with CSL for ten years and I'm very happy with the support. I trust the staff." New staff were introduced to the person and were required to read the person's support plan and their risk assessments before they were allocated to their support.

New staff were recruited safely. The staff files we looked at contained completed application forms, criminal records check (DBS), interview notes and verified references. Two of the people who used the service were sometimes involved in the interviews. Mandatory training was completed before new staff worked on their own with people.

Checks were carried out to ensure that staff who transported people using their own vehicles had valid business insurance, driving licence, road tax and MOT.

All of the senior staff, including the registered manager, worked alongside the staff providing support for people on a regular basis. People we spoke with knew them by name.

Records we looked at showed that staff received safeguarding training which was refreshed annually. Staff we spoke with were aware of their responsibilities in safeguarding vulnerable adults. They told us "I would definitely feel confident to air my concerns, [manager's name] or a team leader is who I would go to in case of discovering abuse. If I felt they were involved I am fully confident to report my concerns about them outside the company." and "Through my regular training I am confident in noticing signs of abuse and am aware of the safeguarding policy and how to act in such circumstance. My job as a senior support worker helps with this as I often do scenarios with staff during supervisions." We saw good records of safeguarding referrals that had been made and the outcomes.

People's care files contained appropriate and detailed risk assessments that were reviewed regularly. Potential risks to the safety of staff were also identified and addressed, for example in the company's lone working policy. Staff supporting people in the community had access to a senior member of staff through a 24 hour on call phone number. Environmental risk assessments were recorded for each person's property and identified any potential risks to the safety of the person or the staff supporting them. When needed, staff supported people to report any repairs needed to their landlord.

Service user meetings included health and safety and safeguarding as part of the standard agenda. People who used the service were encouraged to take part in weekly health and safety checks that were carried out. Most of the people supported by the service lived in large properties that had been converted into apartments. A fire alarm system covered communal areas and smoke detectors were fitted in individual apartments. Regular fire drills were held, but not everyone chose to participate.

A system was in place for documenting accidents, incidents and near misses. Copies of all these were sent to head office after initial action by the relevant team leader. Records of accidents and incidents were reviewed by the registered manager and action taken when required.

Many of the care calls were carried out to prompt people to take their medication, support them to check it is correct and give guidance as necessary. Medication was checked on arrival, weekly and on return to the pharmacy. Secure storage was provided in people's homes. Medication sheets were signed by the person and by the member of staff who observed them taking their medication. Staff attended annual medication awareness training.

Is the service effective?

Our findings

Staff training was by face to face classroom style courses and practical exercises. Topics covered included mental capacity, safeguarding, moving and handling, equality and diversity, medication, and person-centred care. Members of staff told us "I feel the training is good and well presented. [Trainer's name] is good and always supports us when in need of extra information or to answer any question we might not know. She is always easy to get in contact with and always able to answer my questions." and "I feel like the training I receive enables me to carry out my work properly, I enjoy the group aspect of it and the fact that it is refreshed regularly. The handouts are great for my CPD file and come in handy if I am ever unsure of anything."

Induction for new staff was a three month programme in which an induction booklet and the Care Certificate were completed. New staff had two-weekly reviews by their team leader to monitor their progress and competence. This continued up until their first three-monthly supervision and beyond if necessary. Other staff received formal supervision every three months, annual appraisal, and daily informal supervision and guidance from team leaders and senior support workers.

All support workers had achieved, or were working towards, a level two or three award in Health and Social Care. Team leaders and senior support workers all had a minimum of level three. All new staff since April 2015 had been supported to achieve the Care Certificate.

The registered manager told us that, before people received support from the service, information was requested from their care coordinator, community psychiatric nurse and/or social worker. We saw copies of these documents in people's care files. They also requested any relevant reports from other health professionals including occupational therapist or speech and language therapist. This information was used to build the person's support plan and risk assessments. Carers, friends and family may also be involved if appropriate, and only with the person's consent. People coordinated their own care by expressing how they would like to be supported and what a good outcome would look like for them. People signed their support plans and risk assessments.

We saw consent forms in people's care files covering areas including duplicate keys, photography, information sharing, and the use of CCTV in communal areas.

Staff supported people to attend appointments with health professionals and this was recorded on the person's 'health sheet'. Each time there was contact with a health professional, this was also documented.

Is the service caring?

Our findings

People who used the service told us "All the staff are good, they are always polite and smiling." and "The whole staff are nice, pleasant, kind people, who help with me everything I need to do."

The registered manager told us "We ensure that not only the physical and mental needs of the service users are met, but the emotional needs are met in the way of respecting one's individual preferences, likes, dislikes, past and present hobbies, jobs, interests, by getting to know the person, by understanding more than the individual care package. Our service users are encouraged to participate in social activities to promote social inclusion and build on confidence. Our service users are given flexibility and choice, with regards to support staff and support times. Our staff are appropriately matched, for example age, gender and skills."

Team leaders coordinated care and support that was person-centred and ensured that people had choice and flexibility in their care and support. They recognised the importance of consistency which built rapport and trusting relationships with support staff. People who used the service told us "They talk to me and take me out. If I don't understand something, they take me to one side and explain it."; "They take me shopping. I can go to the office if and when I need to." and "They help me do things I want to do."

People told us that staff respected their privacy and dignity. Some of their comments were "Knock on my door ask me if I am ok."; "They shut my flat door to keep things private." and "They explain things to me in a way I can understand." Members of staff appreciated the importance of this and told us "I feel that all our service users are treated as an individual and with dignity and respect and always ensure that each individual receives person-centred care." and "The service users that we support are treated with the uttermost dignity and respect. We always follow the correct policies and procedures at CSL and promote the dignity and respect of the people we support."

We saw a letter that had been sent to the manager by the relative of a person who had used the service. They wrote "From the bottom of my heart I thank you all for the extraordinary care and support you gave [person's name] over the past four years. I know at times he was challenging but you never gave up on him. What you did was give him stability. You and your staff fought for him when others would have given up. Thank you for making him secure and happy."

The larger properties had a member of staff sleeping in at night and this gave reassurance to people that there was always somebody there if they needed them.

The team leaders made sure information was available for people and we saw this on notice-boards in hallways. Some of the information was presented in an easier read format to make it more accessible. There was a service user guide, complaints form, helpful phone numbers, and information about safeguarding and health and safety. When people had important decisions to make, they had been supported people to access independent advocacy. We also saw "missing persons' information in people's care files that could be shared with police if someone went missing.

Information about people who used the service and staff was held in locked cabinets or behind a locked door and electronic information was password protected. All staff signed a confidentiality policy.

Is the service responsive?

Our findings

The registered manager told us that staff teams were structured so that the team leaders could plan rotas to meet people's individual needs and preferences. Examples they gave were a person who would only shower if supported by a staff member they had built a trusting rapport with; a young male to support another young male to the gym; and another person who would only accept support from a male member of staff over the age of 40. They told us how they had worked closely with a person's landlord and an occupational therapist to arrange adaptations to the person's home, which enabled them to continue living in their home when their health declined.

The support plans we looked at detailed people's support needs and how staff should provide the support. The plans and risk assessments were fully updated at least annually with senior staff and the person, and more often if needed to meet changing needs. The reviews involved a study of each person's support plan compared with the actual time received and care notes, evaluating whether the support plan was working for the individual.

Some people's support focused on enabling them to continue living in the community, maintain their tenancy and the upkeep of their home. When needed, people were supported to use food banks and to access charities for white goods, such as cooker and fridge, and other items of furniture for their homes. People were also supported to build their confidence, access meaningful activities and community projects such as the Spider Project, a creative arts and wellbeing recovery community project.

The service had a clear complaints procedure and we saw good records of how complaints had been responded to. The registered manager told us that complaints sometimes came from family members who did not fully understand the support services people received. For example, some people were funded for as little as two hours support per week. In response to complaints, information was only disclosed with the consent of the person.

People who used the service were encouraged to express any concerns they had to a support worker, the team leader or the registered manager, and all of the people we spoke with said they would feel able to tell a member of staff if they were not happy with any aspect of the support they received.

Is the service well-led?

Our findings

The service had a registered manager and also employed an operations manager, a quality assurance and compliance manager, a finance manager and a human resources manager. Members of staff told us that the managers were approachable and responsive. Some of their comments were "I feel my concerns are listened to, and don't have any problems airing my opinions when need be." and "Anytime I need any advice or concerns, management are always available." Weekly team leader meetings were held, and three-monthly team meetings.

The registered manager visited staff and service users most days as they carried out their daily routines, offering support and guidance and a general presence. In addition to providing direct support to people, he carried out welfare checks and documented them on informal logs to monitor people's satisfaction and identify any changes needed.

The registered manager carried out team leader observations to monitor the performance of team leaders and their ability to delegate tasks, complete rotas, daily allocations and support their team appropriately, treating people with dignity and respect, supporting and guiding staff and adhering to the organisation's ethos of person-centred care.

Team leaders and senior support workers were responsible for the day to day monitoring of the quality of care. They acted as mentors to support their staff and worked alongside all staff to ensure best practice, and to identify any concerns. Managers carried out and recorded regular spot checks, both night and day.

People who used the service were invited to regular service user meetings to discuss any concerns, make suggestions, share information and learn from others. However, attendance was generally poor. People who used the service, families, carers and professionals were invited to complete satisfaction questionnaires, most recently in March and November 2018. We saw that their responses were analysed and followed up where appropriate.

A staff survey had been circulated in February 2019. The results we saw were very positive, but at the time of the inspection had only recently been received and were not yet fully analysed.

Other quality assurance checks included monthly audits of incidents, training, and complaints, and an annual, comprehensive company audit which reflects on the previous year and highlights achievements and areas of weakness. We also saw records of regular medication checks and very detailed records whenever people received support with their finances.

The registered manager told us that information systems had been reviewed and updated to ensure that the service was compliant with the General Data Protection Regulations. All of the organisation's policies and procedures were reviewed every two years or when legislation changed, and all staff signed to state they had read and understood the policies.

The registered provider is required by law to notify the CQC of specific events that occur within the service. Prior to the inspection we looked at notifications that had been submitted by the manager and found that this was being done.

The registered provider is required by law to display their current CQC rating in a prominent place within the service. During the inspection we observed that a copy of the home's last CQC inspection report was available for people to look at and it was clearly shown on the organisation's website.