

Community Living Ltd

Community Living Ltd

Inspection report

98 Godstone Road
Kenley
CR8 5AB

Tel: 02083955879

Date of inspection visit:
23 September 2021

Date of publication:
21 October 2021

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Community Living Ltd provides a supported living service for up to eight people living with mental health needs and learning disabilities and/or autism. 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. At the time of our inspection two people were receiving support with their personal care. One person was living in a multiple occupancy home. The other person had their own self-contained flat.

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

People were protected from the risk of abuse and relatives told us they felt their family members were safe at the service. Risk management plans identified the types of risks to people's safety at the service and in the community, and how to support people and others to mitigate those risks and remain safe. Staff had learnt from incidents and used them to further improve their knowledge of the people they were supporting. This included why the incident occurred and to identify if it was related to a person's frustration or having difficulties communicating their needs and wishes. The frequency and intensity of incidents had decreased since people moved into the service. People received their medicines as prescribed.

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture. The staff put people receiving support at the centre of the service and a personalised service was provided that met people's individual needs. Staff empowered people to make their own decisions and be in control of their lives as much as possible. The staff were working with people to help them achieve their goals and good outcomes.

People were treated well and staff were respectful in how they interacted, spoke with and talked about people. Staff were aware of people's cultural backgrounds and any religious preferences. They provided support that respected people's preferences and provided support which identified and promoted people's heritage. People's privacy and dignity was promoted and respected. As people were developing their daily living skills and their independence, staff were able to give people more space and privacy.

Staff were supporting people to develop their daily living skills and to become more independent with their personal care needs. Staff were also working with people to recognise and manage their emotions. Staff were aware of how people communicated and supported them to communicate, this included the use of non-verbal communication. Staff had supported people to integrate into the community.

Safe recruitment practices were in place and people were supported by experienced staff that were of good character. There were sufficient numbers of staff to provide people with the level of support they required. Staff rotas clearly identified which staff were allocated to support particular individuals at the service to ensure they received the level of support they required. Competency assessments were undertaken to ensure staff retained information they learnt during training and had the skills to undertake their role safely.

Governance systems were in place to review the quality and safety of the service and the support people received. However, we found that some of these processes needed formalising. This included particular audits and feedback mechanisms. The staff worked in partnership with people's healthcare teams to ensure they received the level of support they required. The team were highly motivated and dedicated to providing high quality care. The provider took on board advice from healthcare professionals in order to improve practices.

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

Rating at last inspection

This service was registered with us on 15 November 2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on the length of time since the service registered with the CQC.

Follow up

We will continue to monitor information we receive about the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was 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 Ltd

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

This inspection was undertaken by one inspector.

Service and service type

This service provides care and support to people living in a 'supported living' setting, 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.

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

Notice of inspection

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

What we did before the inspection

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

During the inspection

We attended the registered office and spoke to the registered manager and the nominated individual. We reviewed four staff records, two people's care and support plans and records relating to the management of

the service. We also attended the supported living service to meet the two people who were using the service. They were unable to verbally communicate with us but staff helped to translate the sign language people were using and we were able to observe their interactions with staff. We spoke with three care staff and reviewed medicines management arrangements.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We also spoke with two relatives, one person's social worker, two staff from the mental health learning disability team supporting a person using the service and the behavioural therapist working with the service.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and relatives told us they felt their family members were safe at the service.
- Staff identified people's protected characteristics as outlined by the Equality Act 2010 and supported people to be free from discrimination.
- Staff were aware of people's vulnerabilities in the community and supported them to remain safe.
- Staff were knowledgeable of safeguarding adult's procedures and how to report concerns if they were identified.

Assessing risk, safety monitoring and management

- Comprehensive risk assessments were in place based on information identified through the transition process and any new behaviour identified since people came to the service.
- Risk management plans identified the types of risks to people's safety at the service and in the community, and how to support people and others to mitigate those risks and remain safe.
- Positive behaviour support plans were in place which identified how staff were to support people to manage their emotions and their associated behaviours. Information was clearly recorded as to the triggers to certain behaviours, early warning signs and how to support people to de-escalate and regulate their emotions. The service used a traffic light system to identify if people's anxieties were increasing and how to support the person at each stage.

Learning lessons when things go wrong

- There were processes in place to record and track incidents that occurred. Staff also used ABC (Antecedent, behaviour and consequence) charts to review behaviours and identify learning to minimise the risk of further behaviours or escalation to incidents.
- Staff had learnt from incidents and used them to further improve their knowledge of the people they were supporting and why the incident occurred, to identify if it was related to a person's frustration or having difficulties communicating their needs and wishes.
- The frequency and intensity of incidents had decreased since people moved into the service, indicating that staff now better understood how to support people.

Using medicines safely

- People received their medicines as prescribed. Medicine administration records (MAR) were complete and the stocks of medicines we checked ensured numbers of medicines were accounted for.
- Some people had medicines prescribed to be taken 'when required'. This included medicines to manage

people's behaviour. From discussions with staff and reviewing MAR charts we saw the level of these medicines being used had reduced. There were protocols in place to explain to staff when to use these medicines. However, we found these were not always easily accessible and staff said they would ensure these protocols were made available with the MAR charts so staff had prompt access to these when needed.

- Systems in place to order and dispose of medicines required streamlining and staff were working with the pharmacy and prescribing GP to do this.

Staffing and recruitment

- Safe recruitment practices were in place and people were supported by experienced staff that were of good character.

- Recruitment practices included obtaining references from previous employers, undertaking criminal record checks, and checking staff's identity and eligibility to work in the UK.

- There were sufficient numbers of staff to provide people with the level of support they required. Staff rotas clearly identified which staff were allocated to support particular individuals at the service to ensure they received the level of support they required.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.

- We were assured the provider was admitting people safely to the service.

- We were assured the provider was using PPE effectively and safely.

- We were assured the provider was accessing testing for people using the service and staff.

- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.

- We were assured the provider was facilitating visits for people living in the service in accordance with the current guidance.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; staff working with other agencies to provide consistent, effective, timely care

- Health professionals we spoke with told us staff had undertaken a comprehensive assessment of people's needs and facilitated a well organised transition process to support people moving from inpatient care to the supported living service. They told us, "The provider worked really closely with us and covered every detail. The communication channels were open throughout."
- Staff had undertaken thorough assessments in line with best practice guidance, which were informed through discussions with people's previous health and care teams, and information gathered about people's histories. Staff continued to assess people's needs as they settled at the service and they got to know people more.
- Staff continued to work in partnership with staff from the mental health learning disabilities team to ensure people's health needs were met.

Staff support: induction, training, skills and experience

- Staff had the knowledge and skills to support people.
- There was a comprehensive programme of training that staff were required to complete. We saw that the majority of staff had completed this training. For staff that had not yet completed all of their training the registered manager was working with them to ensure they had clear timescales as to when the training needed to be completed.
- Competency assessments were undertaken to ensure staff retained information they learnt during training and had the skills to undertake their role safely.

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

- People were supported to eat and drink sufficient amounts. People had also been supported to eat a healthy, balanced diet and some people had achieved a more healthy weight.
- Staff were supporting people to be more independent with their nutritional needs. This included supporting them to plan their meals, purchase food and undertake simple meal preparation where able.
- Staff were aware of people's preferences in terms of what foods they preferred to eat and cookery books were made available in line with people's cultural background and traditional meals they enjoyed eating.
- We observed staff supporting a person to access drinks and a snack in line with their wishes.

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

- People were supported to access health care services, including their GP, dentist, optician and chiroprapist.

- People who required specialist healthcare services were supported to access these to ensure their physical health needs were met.

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

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

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

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

- People were involved in decisions about their care and support as far as they were able to. Where people did not have the capacity to make certain decisions, staff liaised with people who had the legal authority to make decisions on a person's behalf.
- Staff had applied to the court of protection for authorisation to deprive a person of their liberty to ensure their safety and staff were aware of what was included in their authorisations.

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.

This is the first inspection for this newly registered service. This key question has been rated 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 were treated well and staff were respectful in how they interacted, spoke with and talked about people. They respected people's individual differences and supported them in line with the Equality Act 2010.
- Staff were aware of people's cultural backgrounds and any religious preferences. They provided support that respected people's preferences and which identified and promoted people's heritage.

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

- People were involved in their care. With support from staff, they developed their own daily routines, identified what activities they would like to undertake and what they would like to eat.
- Staff encouraged people to express their views and be involved in their care, as they supported people to be more independent and develop their skills.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was promoted and respected. As people were developing their daily living skills and their independence, staff were able to give people more space and privacy.
- Supporting people to become more independent, whilst remaining safe, was a core theme which was included in people's care and support plans and their goals whilst at the service. A healthcare professional told us, "He helps the staff and they encourage him to be involved. They are really confident with him and give positive praise. They have mutual respect for each other."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- A relative said, "I think [their family member] is happy. He looks happy." Another relative told us, "The staff seem to be happy with him and he seems to be happy there."
- One staff member said, "I like helping people. I feel I can help [the person] and that's a winner for me." The behavioural therapist told us in relation to the person they were working with, "He is a super star. I'm so proud of him. He's done so well."
- Staff were supporting people to develop their daily living skills and to become more independent with their personal care needs. Staff told us they had developed with the behavioural therapist a detailed step by step plan to support a person to manage their personal care. When they were admitted, they were fully reliant on staff to have a shower. The person had now achieved 70% independence in this area and were now able to get dressed independently.
- Staff were also working with people to recognise and manage their emotions. The behavioural therapist had developed tools which the staff were using with people to help them identify their emotions and how they were feeling, so staff could better support them.
- A healthcare professional told us about one person using the service, "It's a really good placement for him. He's a changed person since he came out of hospital... it's gone from strength to strength... he's come on leaps and bounds since being there."
- One person's social worker said, "I am satisfied that they have worked compassionately and pragmatically with the person I helped to move there. They have adapted the care plan and taken note of any advice on improving the Positive Behaviour Support Plan – asking for help when they needed it."

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.

- Staff were aware of how people communicated and supported them to communicate, this included the use of non-verbal communication. Whilst people understood verbal communication, they were not able to respond verbally.
- One person had personalised their own Makaton and staff were aware of what their signs meant and what they were communicating. (Makaton is a language that uses signs to help people to communicate.) This person had also previously been completely non-verbal, but since being at the service they had started to vocalise some sounds.
- The other person's social worker told us, "I have seen several staff use signs with him and his

communication skills have improved tremendously while he has been there."

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

- Staff supported people to maintain relationships with people who are important to them, and staff encouraged people's family members to visit and have contact with people using the service. One person's relative said they were able to visit regularly and in-between they were supported to maintain contact through video calls and phone calls.
- Staff had supported people to integrate into the community. Previously one person was anxious accessing the community and in their previous placement they had not left the premises. This person was now being supported to access local shops, eat meals out and go for walks.
- A relative said they would like their family member to do more to develop their skills, including the possibility of work experience or a part time job. The staff had also identified this as a goal for the individual and were working towards this, now that the restrictions from the COVID-19 pandemic were easing.

Improving care quality in response to complaints or concerns

- A process was in place to record and investigate any complaints received. We saw thorough investigations were undertaken when a complaint was made to ensure it was resolved and learnt from.

End of life care and support

- The people using the service did not have any current life limiting illnesses and were not nearing the end of their life. Therefore, we did not look at this in detail. However, staff were aware of those important to people and would liaise with them should anything unexpected occur.

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.

This is the first inspection for this newly registered service. This key question has been rated 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; 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

- Whilst the registered manager was aware of their CQC registration requirements and on the whole had submitted statutory notifications about key events as required, we identified that notifications relating to DoLS authorisations had not always been sent in a timely manner. We addressed this with the registered manager who assured us they would ensure all notifications were sent in as soon as possible.
- Governance systems were in place to review the quality and safety of the service and the support people received. However, we found that some of these processes needed strengthening. Whilst there was regular review of people's care and support records, there was not a formal care records audit in place. We also identified that whilst cleaning schedules were maintained, there was not a formal infection prevention and control (IPC) audit in place. At the time of our inspection this was having minimal impact on the service as we observed IPC procedures were in place and effective care records were maintained, but there was not formal review to ensure good practice was sustained. We spoke to the nominated individual and the registered manager about this who said they would further develop their governance systems to ensure they were formalised and reviewed all areas of service delivery.
- The governance structures in place enabled senior staff to have regular review of key information, including a weekly performance reports, weekly clinical risk meetings and a monthly governance meeting. This enabled the senior managers to easily identify any trends and act when required to improve practice.

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

- Staff we spoke with felt informed and involved in service delivery. They were able to voice their views and opinions and these were listened to by the management team. One staff member said, "[The managers] are easy to talk to and approach. We all want the same thing for the service. We want the best for the service and the service users. They do listen. They involve us and we feel valued." Another staff member told us, "The company promotes you as a person. They don't blame you, you learn from it. The managers are approachable. Always accessible and they are always there."
- People were involved in the service and a personalised service was provided. However, the provider was aware that they needed to formalise systems in place to get feedback from people using the service and those important to them.

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

outcomes for people

- The staff put people receiving support at the centre of the service and a personalised service was provided that met people's individual needs, in line with the right support, right care, right culture statutory guidance.
- Staff empowered people to make their own decisions and be in control of their lives as much as possible. The staff were working with people to help them achieve their goals and good outcomes.

Working in partnership with others; Continuous learning and improving care

- The staff worked in partnership with people's healthcare teams to ensure they received the level of support they required. The team were highly motivated and dedicated to providing high quality care. The provider took on board advice from healthcare professionals in order to improve practices.