

Small Opportunities Limited

# SmallOpportunities Office

## Inspection report

9 Siskin Close  
Burgess Hill  
West Sussex  
RH15 9DH

Tel: 01444244528  
Website: [www.smallopportunities.com](http://www.smallopportunities.com)

Date of inspection visit:  
18 July 2017

Date of publication:  
16 August 2017

### 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

We undertook this announced inspection on 18 July 2017. Small Opportunities provides supported living to people living in the Brighton and Hove area. There were two houses and one two bedroom flat. The service supported nine people at the time of our inspection. The service provided 24 hour support for younger adults with a learning disability. The Care Quality Commission inspects the care and support the service provides, but does not inspect the accommodation they live in. The office base for the service was located away from people's homes. Small Opportunities has not been previously inspected under their current registration.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act and associated Regulations about how the service is run.

People and their relatives informed us that they were satisfied with the care and services provided. They told us they had been treated with respect and were safe when cared for by staff. There was a safeguarding policy and suitable arrangements for safeguarding people from abuse.

Staff were knowledgeable regarding the individual needs of people, and were caring and attentive. People's care needs and potential risks to them were carefully assessed. Staff had been provided with guidance on how to minimise potential risks to people. They prepared appropriate and up to date care plans which involved people and their representatives. People's healthcare needs were closely monitored and staff worked well with healthcare professionals. There were suitable arrangements for ensuring that people received their medicines as prescribed.

There were arrangements for encouraging people and their representatives to express their views and make suggestions regarding the care and management of the service. Regular reviews of care had been carried out with people, their relatives and professionals involved to ensure that people received appropriate care. Where possible, people were encouraged to be as independent as possible and to engage in social and therapeutic activities. People were supported to eat a healthy diet and staff ensured that people's nutritional needs were met.

Staff had been carefully recruited and provided with an induction and training programme to enable them to care effectively for people. They had the necessary support and appraisals from the registered manager. There were enough staff to meet people's needs. Teamwork and communication within the service was good. Staff were aware of the values and aims of the service and this included treating people with respect and dignity, and providing high quality support.

Audits and checks of the service had been carried out by the registered manager and senior staff. These included checks on care documentation, medicines and health and safety checks of premises. People, staff

and relatives found the management team approachable and professional, and said they felt listened to and any concerns or issues they raised were addressed. Accidents and incidents were recorded appropriately and steps taken to minimise the risk of similar events happening in the future.

## 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 was safe.

Staff were aware of the safeguarding policy and knew how to recognise and report any concerns or allegation of abuse.

There were suitable arrangements for the management of medicines. Staff were carefully recruited. There were sufficient staff to meet people's needs.

Appropriate risk assessments had been carried out.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who were knowledgeable and aware of their complex care needs. Staff were well trained and supported to do their work. They were aware of the requirements of the Mental Capacity Act 2005

People's healthcare needs had been closely monitored and their nutritional needs were met.

### Is the service caring?

Good ●

The service was caring.

Staff demonstrated a good awareness of how they should promote people's independence and ensure their privacy and dignity was maintained.

Staff had a good understanding of providing people with choice and control over their care. People told us staff respected their opinion and delivered care in an inclusive, caring manner.

People were pleased with the care and support they received. They felt their individual needs were met and understood by staff.

### Is the service responsive?

Good ●

The service was responsive.

The service was flexible and responsive to people's individual needs and preferences.

People and their relatives were consulted about their care and involved in developing their care plans. Detailed care plans outlined people's care and support needs. Staff were knowledgeable about people's support needs, their interests and preferences in order to provide personalised care.

People told us that they knew how to make a complaint if they were unhappy with the service. Where complaints or concerns had arisen, a detailed investigation had taken place and action had been taken.

**Is the service well-led?**

The service was well-led.

The provider had systems in place to monitor the quality of the service, drive improvement and obtain the views of people and continually improve the quality of care.

People spoke highly of management and staff were happy in their roles and felt well supported.

The provider ensured that they aware of and up to date with legislation and developments within the sector.

**Good** ●

# SmallOpportunities Office

## **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 checked 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.

The inspection took place on 18 July 2017 and it was announced. We told the provider two days before our visit that we would be coming. We gave the provider notice of our inspection to ensure that the people we needed to speak with were available. We also contacted relatives by telephone in order to obtain their views and feedback. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The provider was not requested 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.

Before the inspection we checked the information that we held about the service and the service provider. During our inspection we spoke with five people who used the service, seven relatives, two care staff, the nominated individual and the registered manager.

We reviewed a range of records about people's care and how the service was managed. These included the care records for three people, staff training, support and employment records, quality assurance audits, incident reports and records relating to the management of the service.

# Is the service safe?

## Our findings

All the people we spoke with told us they were safe in the care of the service. One person told us, "I'm safe here, yes I'm safe". A relative said, "I can sleep at night, because I know [my relative] is safe. I would have no qualms about raising a concern". A further relative added, "[My relative] is very safe. He has a very good and active lifestyle and the staff are very open and transparent".

The service had suitable arrangements in place to ensure that people were safe and protected from abuse. Staff had received training in safeguarding people. They could give us examples of what constituted abuse and they knew what action to take if they were aware that people who used the service were being abused. The service had a safeguarding policy and staff had details of the local safeguarding team and knew how to contact them if needed.

People were supported to be safe without undue restrictions on their freedom and choices about how they spent their time. Risk assessments had been prepared and these contained guidance for minimising potential risks such as accessing the community and managing finances. The assessments outlined the associated hazards and what measures could be taken to reduce or eliminate the risk. Staff we spoke with were aware of specific actions to take to keep people safe. Risks associated with the safety of the environment and equipment in the houses were identified and managed appropriately. There was a business continuity plan. This instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the office or a property. Generic and individual health and safety risk assessments were in place to make sure staff worked in as safe a way as possible.

When we visited two of the supported living services, we observed that staff were constantly present to assist people. Staffing levels were assessed daily, or when the needs of people changed, to ensure people's safety. The registered manager told us, "We have enough staff. We adjust the numbers to cover activities and medical appointments". We were told existing staff would be contacted to cover shifts in circumstances such as sickness and annual leave. Feedback from people and staff indicated they felt the service had enough staff and our own observations supported this. One person told us, "There are always staff around". Another person said, "We always have staff here in the house". A relative said, "There are staff around 24/7". A member of staff added, "We have enough staff. There are floating staff between the houses and cover arrangements. We put on extra staff on Friday nights, so that people can go out, or have date nights together".

Staff had been recruited through an effective recruitment process that ensured they were safe to work with people. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). These checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people. The service had obtained proof of identity, employment references and employment histories. We saw evidence that staff had been interviewed following the submission of a completed application form.

There were arrangements to ensure that people received their medicines as prescribed. There was a policy

and procedure for the administration of medicines. Everybody using the service had chosen to manage their own medication. One person told us, "I get a tablet in the morning and a tablet in the evening, I ask for it". A relative added, "It's well managed. They support [my relative] with his skin creams and tablets, it's very well managed". Suitable arrangements were in place whereby staff checked incoming stock and if needed, they disposed of unused medicines. Checks were made to ensure that medicines were correctly stored. The service had a system for auditing the arrangements for medication.



# Is the service effective?

## Our findings

People told us they received effective care and their individual needs were met. One person told us, "I think the staff are well trained". A relative said, "[My relative] is difficult and complex, they [staff] are good at recognising things". Another relative said, "From what I have seen they [staff] are excellent". A further relative added, "They have high quality staff who are very on the ball. If there is a concern, it is dealt with straight away".

People's healthcare needs were closely monitored by staff. Care records of people contained important information regarding their background, medical conditions and guidance on assisting people who may require special attention because of their medical or behavioural conditions. There was evidence of recent appointments with healthcare professionals such as GP's and hospital appointments. A relative told us, "[My relative] sees a doctor regularly. I take him along with a carer, everything is documented".

People were supported to have sufficient to eat and drink and maintain a balanced diet. Their nutritional requirements had been assessed and their individual needs, including their likes, dislikes and dietary needs were documented. Staff had a good understanding of each individual person's nutritional needs and how these were to be met. People told us they enjoyed the food that the staff supported them to make. One person told us, "The staff help us cook our dinner, the salmon is nice". Another person said, "We get good food. We can choose it. I love chicken satay". A further person added, "We cook with the staff, we make scrambled egg and avocado". A relative told us, "They have a communal kitchen and all meals and drinks are supervised. They decide on what they would like to eat and drink". The registered manager added, "People choose what they want to eat and drink and do their own online shop. We will encourage healthy eating and record likes and dislikes".

Staff told us the training they received was thorough and they felt they had the skills they needed to carry out their roles effectively. Training records confirmed staff received essential training on areas such as safeguarding adults and first aid. Staff had also received training that was specific to the needs of the people living at the service, this included managing behaviour that may challenge others and 'Prevent' and radicalisation awareness training. This is a way to ensure staff were able to identify young people at risk of being drawn into terrorism. Staff spoke highly of the opportunities for training. One member of staff told us, "The training is good, we do online and face to face".

The provider operated an effective induction programme which allowed new members of staff to be introduced to the running of the service and the people receiving care. Staff told us they had received a good induction which equipped them to work with people. One member of staff told us, "The induction involves shadowing other staff, training and gaining information about the service". The registered manager added, "The induction goes on for around three months and staff work through an induction pack. It can take longer if need be. New staff meet with more experienced staff and they shadow them".

Staff said they worked well as a team and received the support they needed. The registered manager carried out annual appraisals for staff and supervision took place when it was requested. Staff members

commented they felt able to approach the registered manager with any concerns or queries. One member of staff told us, "We have an appraisal and we can always ask for supervision if we need one, or had any concerns. We can always have a chat".

We checked whether the service was working within the principles of The Mental Capacity Act 2005 (MCA). The 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. The service had a policy on the MCA and staff were aware of the implications of the MCA. Staff we spoke with were familiar with the MCA, and there was documented evidence that they had been provided with MCA training.

The registered manager had a good working knowledge of the Deprivation of Liberty Safeguards (DoLS). Although DoLS does not apply in a supported living setting, the principles apply, but any authorisations for restrictions would go through the Court of Protection. These safeguards provide a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. Nobody using the service was subject to DoLS, however staff had received appropriate training and described to us examples of what could constitute a deprivation of liberty and when a best interest's decision could be sought.

# Is the service caring?

## Our findings

People were supported with kindness and compassion. People told us caring relationships had developed with staff who supported them. Everyone we spoke with thought they were well cared for and treated with respect and dignity, and had their independence promoted. One person told us, "I love living here, I like the staff". A relative said, "Wonderful, fantastic, the carers are all so caring". Another relative added, "They [staff] always have the guys best interests at heart and are very approachable".

Positive relationships had developed with people. One person told us, "I get on great with the staff, they are friendly". Another person said, "The staff are lovely, they all know me. We are all friends here". Staff showed kindness when speaking with people. Staff took their time to talk with them and showed them that they were important, they demonstrated empathy and compassion for the people they supported and friendly conversations were taking place.

The registered manager and staff recognised that dignity in care also involved providing people with choice and control. Throughout the inspection, we observed people being given a variety of choices of what they would like to do and how they would like to spend their time. People were empowered to make their own decisions. They told us they that they were free to do very much what they wanted throughout the day and evening. They said they could choose what time they got up, when they went to bed, how and where to spend their day and what they wanted to wear. One person told us, "I can go to bed at nine, ten or eleven, it's up to me". Another person said, "I stay up later when I'm not working, I set my alarm. It's up to me". A relative added, "[My relative] decides what she wants to do". Staff were committed to ensuring people remained in control and received support that centred on them as an individual. One member of staff told us, "They are really good at making their own decisions and choices and that's really important". Another member of staff said, "People have routines, but they can change them when they want". The registered manager added, "We encourage choices and assist people to make good decisions, for example around which staff members care for them. Sometimes they want to make unwise choices, but we support that too".

There were arrangements in place to protect and uphold people's confidentiality, privacy and dignity. A relative told us, "[My relative] has never had an issue, they will knock before going into his room". Another relative said, "[My relative] is quite independent, they respect his privacy". Staff members had a firm understanding of these principles. Staff were able to describe how they worked in a way that protected people's privacy and dignity. One member of staff told us, "I always knock on doors, I'd never go into anybody's room without knocking. It's not just that though, it's respecting people's personal space. For example, if we are supporting people on a date, we sit close by, but not with them and we wouldn't intrude". People confirmed staff respected their privacy, and we saw doors were closed and staff knocking before entering anybody's room.

Staff supported people and encouraged them, where they were able, to be as independent as possible. One person told us, "I do my laundry and clean my room". A relative said, "I am delighted [my relative] has his own room and lives with two other housemates and has become very independent". A member of staff told

us, "I encourage people to do things for themselves, but if they can't do it, then I will help. We encourage healthy eating and support people to access the community and go to work". We saw examples of people assisting with tasks in their houses, such as laundry, cleaning and cooking meals. Some people were supported by the staff to access employment and gain every day skills in the community. A relative told us, "[The service] is small and more personal. They have helped [my relative] enormously with his independence". Another relative said, "[My relative] has a small job in at the library. He is growing so much in confidence, I'm hopeful he will get more hours". The registered manager added, "We work with the guys around independence, but we live it with them too. For example, through travel training, road safety, we drive people to and from work, we assist them with calling taxis, encourage them to cook food, work the pans on the cooker, make their own sandwiches and cleaning their rooms. We are here to support their independence".

## Is the service responsive?

### Our findings

People told us they were listened to and the service responded to their needs and concerns. People had access to a range of activities and could choose what they wanted to do. One person told us "The staff listen to us". A relative said, "They definitely know [my relative's] needs, they know him inside out". A further relative added, "The staff listen to everything [my relative] says. They are kind and realistic".

The service had ensured that the care was individualised and person-centred. People's complex needs had been carefully assessed by staff. People, their relatives or representatives had been consulted and were involved in planning care and the support provided. One person told us, "We have got care and support plans, we talk with the guys and staff about them". A relative said, "We have been involved from the start and on a regular basis". These assessments included information about a range of needs including their health, nutrition, social, medical and communication needs. Records also contained a personal history of people. Care plans contained guidance for staff on how to meet people's needs and assist them achieve the goals they had set. Care plans contained detailed information on the person's likes, dislikes and daily routine, with clear guidance for staff on how best to support that individual. For example, one care plan stated that a person wished to be supported to limit their intake of fizzy drinks and staff were to assist with this. Another care plan stated specifically that on a certain day, a person wished to be supported to access the local shopping area and have something to eat and buy magazines. When we discussed the care of particular individuals with staff, they demonstrated a good understanding of people's needs. Reviews of care had been arranged with people on a regular basis. Reviews were also carried out with the relatives of people and professionals involved. A relative said, "We have regular reviews and the plan is updated automatically". However, some people had chosen to not be involved in reviewing their care plan and this was respected also.

We saw staff encouraging people to participate in activities relevant and age appropriate for them. One person told us, "We like to go out with the staff, we're going to Arundel castle to watch jousting and we go out for something to eat, the cinema, whatever we want to do in the evening they listen to us". Another person said, "We go bowling and to the pub, cinema and restaurants. I like my hobbies. I like playing cards and watching TV shows". A relative added, "There is so much going on in Brighton. They go to discos, cinema, bowling, the Blue Camel Club. They do so much with them". We saw that staff rotas and shift patterns were developed in line with people's interests and hobbies, so that age appropriate activities could go ahead, such as attending gigs and going to the pub in the evening. Some people using the service were in relationships and staff made sure they were available to facilitate people's dates with their partners. The registered manager told us, "We support people to do the things that they want to, that are appropriate and relevant to them. We have pub nights, trips to the gym and we support people to go on an annual holiday".

The service had a complaints procedure and this was available to people. People told us that they knew how to complain. One person told us, "I'd talk to the staff or manager". Another person said, "I'd tell my feelings". Staff knew that they needed to report all complaints to the registered manager, so that they can be documented and followed up. We noted that complaints recorded had been promptly responded to.

## Is the service well-led?

### Our findings

People, their relatives and staff all told us that they were satisfied with the service and the way it was managed. Staff commented they felt supported and could approach the registered manager with any concerns or questions. One person told us, "They are alright, the managers". Another person said, "I love the staff, they make me happy". A relative added, "It's a very good service and they really care". A further relative told us, "I think the management and leadership is excellent. They are always willing to listen and act".

We discussed the culture and ethos of the service with the registered manager and staff. The registered manager told us, "We offer the maximum amount of independence, with the minimum amount of support, whilst helping to keep people safe". A relative supported this and told us, "[The service] is better than we could ever imagine. [My relative] is very satisfied". Another relative said, "There is an ongoing dialogue and immediate action where needed. I can't fault them". A member of staff added, "We give people an independent, healthy and good lifestyle. We are there to support them and it all works well". In respect to staff, the registered manager added, "It is an open door policy, we talk with staff every day. We're very open and our phone is always on 24/7". Staff said they felt well supported within their roles and described an 'open door' management approach. One member of staff said, "[The managers] are always available and support me. They always listen to us". Another said, "We get enough support, if there is anything that bothers us, we meet up and discuss it".

People were actively involved in developing the service. We were told that people gave feedback about staff and the service. One person told us, "We have meetings with the staff and we talk about food and what we want to do". A relative said, "We get asked for feedback at various times, and we have one to one meetings on a regular basis". Another relative added, "We get an annual questionnaire and are usually asked for feedback at any reviews". We saw that people had been involved in recruiting new staff, choosing specific foods for the weekly menu and daily activities. Staff were encouraged to ask questions, make suggestions about how the service was run and address problems or concerns with management. The registered manager told us, "We have a good staff team. They are passionate about what they do and want to help us improve". A member of staff said, "I really get on well with [the managers], I can raise any issues with them". Staff were aware of the whistle blowing policy and when to take concerns to appropriate agencies outside of the service if they felt they were not being dealt with effectively. We saw that policies, procedures and contact details were available for staff to do this.

Management was visible within the service and the registered manager and nominated individual worked alongside staff which gave them insight into their role and the challenges they faced. The registered manager told us, "Us and the staff all work very closely and we're a good team. We work well together and have a good rapport and understanding. There is no them and us attitude". The service had a strong emphasis on team work and communication sharing and there were open and transparent methods of communication. Staff attended daily handovers in each of the supported living houses and had access to an online, real-time communication system, which kept them informed of any developments or changes to people's needs. One member of staff told us, "In handover, we discuss anything that has gone on in the houses. Anything we should all know about". Another member of staff said, "There is good communication,

for example around the management of diabetes". Staff commented that they all worked together and approached concerns as a team. One member of staff said, "We're a good team and we support each other".

The provider undertook quality assurance audits to ensure a good level of quality was maintained. We saw audit activity which included medication, care planning and health and safety. The results of which were analysed in order to determine trends and introduce preventative measures. The information gathered from regular audits, monitoring and feedback was used to recognise any shortfalls and make plans accordingly to drive up the quality of the care delivered. Accidents and incidents were reported, monitored and patterns were analysed, so appropriate measures could be put in place when needed.

Mechanisms were in place for the registered manager to keep up to date with changes in policy, legislation and best practice. Up to date sector specific information was also made available for staff, and we saw that the service also liaised regularly with the Local Authority and Clinical Commissioning Group (CCG) in order to share information and learning which was cascaded down to staff.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. The registered manager was also aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.