

C&O SLS Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Outstanding ☆

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection was announced and took place on 24, 25 and 29 August 2017. This was C&O SLS Limited first comprehensive inspection since they were registered by CQC.

The service support people to live independently in their own homes. The service currently provides personal care and support to five people. A supported living service enables people to live independently in their own home and receive care and support without total reliance on parents or guardians. People have tenancy agreements with a landlord and receive their care and support from a domiciliary care agency.

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.

People received a service that was highly responsive to their individual needs. Staff were committed and passionate about enabling people to live independently. The team worked creatively to support individuals to transition into an independent living environment whereby people were living in their own home.

Staff had an excellent understanding of people's needs and were able to encourage people to engage in activities to improve their health and wellbeing, meet their aspirations, preferences and goals. Staff were proud of the support that they provided to people and the positive relationships they had developed. People had been supported to make their accommodation a home that they were comfortable living in.

Detailed support plans were in place which reflected the person-centred care which people received. Support plans were detailed and written in easy read formats with pictures to support people's understanding.

Staff had received training in how to recognise and report abuse. All staff were clear about how to report concerns and were confident that any allegations made would be fully investigated to help ensure people were protected.

Risk assessments clearly identified any risk and gave staff guidance on how to minimise the risk. They were designed to keep people and staff safe while enabling people to develop and maintain their independence.

There were sufficient numbers of suitably qualified staff to meet the needs of the people who used the service. People received care and support from regular staff that knew them well.

People received their medicines safely. There were policies and procedures in place. Staff administering medicines had been trained to do so.

New staff completed an induction to ensure they were aware of their roles and duties. They were provided with regular supervisions.

People received care from staff who had the knowledge and skills to meet their needs. Staff spoke about the people they supported positively and were committed to supporting people to be as independent as possible.

People were involved in the day to day running of the service. People were valued and supported to be as independent as possible. People's rights were upheld, consent was always sought before any support was given. Staff were aware of the legislation that ensured people were protected in respect of decision making and any restrictions and how this impacted on their day to day roles.

There was a positive culture in the service, the management team provided strong leadership and led by example. Management were visible and known to staff and all the people using 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?

Good ●

The service was safe.

Risk assessments supported people to develop their independence while minimising risks.

Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

People were supported with their medicines in a safe way by staff who had been appropriately trained.

There were sufficient staff to keep people safe. Staffing levels were tailored to the individual based on a comprehensive assessment. Safe systems were in place to ensure only suitable staff were employed.

Is the service effective?

Good ●

The service was effective.

People received an effective service because staff provided support which met their individual needs. Care was tailored to the person.

People's nutritional needs were being met. They were involved in the planning of the menus and supported to make choices on what they wanted to eat and drink.

People were involved in making decisions and staff knew how to protect people's rights.

People were supported by staff who were knowledgeable about their needs. Staff were trained and supported in their roles.

Is the service caring?

Good ●

The service was caring.

Care and support records contained information about the way people wanted to be supported and by whom.

People were cared for by staff who had developed positive and caring relationships with them and who understood their needs.

People's privacy and dignity was respected

Is the service responsive?

Outstanding 

The service was extremely responsive.

People's care was based around their individual needs and aspirations. Staff were creative in ways of ensuring people led active and fulfilling lives.

Staff were committed to enabling people to live independently and worked creatively with people to transition into an independent living environment whereby people were living in their own home.

People felt able to raise any concerns and complaints

Is the service well-led?

Good 

The service was well-led.

There was an open and positive culture in the service and people were asked for their views about the way the service was run.

Regular staff meetings helped share learning and best practice so staff understood what was expected of them at all levels.

There was an effective quality monitoring system to check that the care provided met people's needs.

C&O SLS 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 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.

We inspected C&O SLS Limited on 24 August 2017. This was an announced inspection. We informed the provider 48 hours prior to the inspection that we would be visiting. We did this because we wanted to ensure the registered manager was available at the registered location.

The inspection team consisted of one inspector. We met the registered manager at the location's registered office where we viewed records and we then visited people in one of the supported living houses. We also visited one person at their work placement.

Before the inspection we reviewed all of the information we held about the service. Following the inspection we contacted relatives, staff and professionals involved in supporting the people who used the service.

During our inspection we observed how the staff interacted with people who used the service. We visited people in their own home to see whether people had positive experiences. This included looking at the support that was given by the staff.

We gathered information during the inspection using different methods. We visited and met with two people who used the service in their homes and talked with two support workers. We spoke with three relatives by telephone and contacted professionals with experience of using the service. During our visit to the office we talked with the registered manager who was also one of the directors of the company and spoke with the other director who was responsible for all finance, recruitment, training and personnel. We looked at three people's care records and associated medicine records, three staff files, staff training records and reviewed other records related to the management of the service.

Is the service safe?

Our findings

People using the service expressed no concerns about their safety and relatives told us they felt their family members were cared for safely. One relative told us, "They are very safe." Another relative said, "I can sleep at night knowing [family member] is happy." When we asked a social care professional if they felt people were safe they said, "Very much so, it is very well staffed and they plan each activity carefully before carrying it out and risk assess well to reduce the risks."

All staff were trained in safeguarding and had access to the service's safeguarding and whistle-blowing procedures. The management team checked that staff understood safeguarding during supervisions and team meetings and made sure staff were aware of what constituted abuse and the reporting process. The staff we talked with confirmed they understood their roles in preventing people from being harmed and knew how to report safeguarding incidents or poor practice.

The service had risk assessments in place that were designed to encourage people to develop their independence and normalise their lives. In discussions with staff it was clear they recognised people needed to be exposed to an element of risk in order to achieve this as long as they and staff were not put at unacceptable risk. Risk assessments identified the risk and when it was more likely to occur. They described any precautions in place and further actions needed. There was clear guidance for staff on how to minimise the risk. For example, one risk assessment detailed a person's phobia related to birds and insects and guidance for staff in how to manage this was detailed. During our inspection a staff member gave us an example of what actions they had taken when this person was faced with this phobia. The staff member spoke confidently about reassuring the person and supporting the person to move to another room while they removed the insect.

There were sufficient numbers of staff on duty to meet people's needs. There were enough staff to support people at the service and to accompany people to and from activities or appointments throughout the day. Staff told us they felt there were enough staff on duty to give people the support they needed. One staff member said, "We have ample staff, we never use agency staff and staff are rarely sick as we are happy in our work." A relative told us, "The staff are consistent and all maintain [family member] busy and very active life."

There was an effective recruitment process in place for the safe employment of staff. Checks were in place to confirm that staff were of good character and suitable to work with people who needed to be protected from harm or abuse. Staff confirmed they did not commence employment until the necessary checks such as, proof of identity, references and satisfactory Disclosure and Barring Service (DBS) checks had been obtained. The DBS helps employers make safer recruitment decisions and prevent unsuitable staff from working with vulnerable people. A review of records showed the appropriate pre-employment checks had been made. A staff member told us, "The director's recruitment is meticulous; they make sure new staff fit with the people we support and us." A social care professional told us, "This is a very high level staff team for the small service. When reviewing it I have never noted that the hours aren't covered and the managers will cover them if required."

People received their prescribed medicines as and when they should. People's capacity to manage their own medicines had been individually assessed and risk assessments were in place to support this. People's prescribed medicine was stored appropriately. We found no recording errors on any of the medicine administration record sheets we looked at. Staff explained that once they had received training in medicines management they had then received five medicine competency checks and only then could they administer people's medicine. There were protocols for 'as required' medicine giving guidance to staff on the type of medicines to give and when people needed to receive them.

Is the service effective?

Our findings

There was comprehensive induction and annual mandatory training provided for staff. The induction was mainly face to face and in house. Training incorporated the 'Care Certificate Standards' and included infection control, safeguarding, person centred care, privacy and dignity, health & safety, equality and diversity and duty of care. The care certificate is a nationally recognised qualification designed to ensure essential standards are met during the induction phase of new staff. Staff were required to complete workbooks and have their competencies assessed as part of the induction. New staff were also required to shadow experienced staff to increase their knowledge of the people who lived at the service. There was also access to more specialist training to meet people's individual needs such as epilepsy, learning disabilities, and behaviour management strategies. The registered manager told us a member of the behaviour assessment and treatment service would come in and deliver specific training related to an individual to support staff to develop strategies to manage behaviours. The training matrix identified when mandatory training was required. A staff member told us, "I am new and I was definitely not thrown in the deep end, everyone is very supportive. I am working through the care certificate and can go to [named director] about anything."

Staff confirmed they received supervision, during which they could discuss any issues on a one to one basis. When we looked in staff files we were able to see evidence that each member of staff had received individual supervision. One staff member told us, "Supervisions are often and managers and team leaders are always available or contactable. We have an on call system for support."

We observed a handover at the service and found it to be detailed and informative. The staff member just starting work was given time to read people's notes carefully and check what people had planned to do that afternoon/evening. We saw evidence of regular staff meetings that enabled staff to discuss any ideas or concerns.

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.

The service worked within the principles of the MCA and trained staff to understand the implications for their practice. Consent was obtained from people in relation to different aspects of their care, with clear records confirming how the person had demonstrated their understanding. Mental capacity assessments had been carried out, leading to decisions being made in people's best interests. 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 supportive living services are to be made to the Court of Protection.

The registered manager had a good working knowledge of current legislation and guidance in relation to the

MCA and had been in contact with the relevant professional about one person. We saw evidence in email correspondence that the service had appropriately escalated their concerns. We did not observe people's freedom being unnecessarily restricted in any manner.

Staff we spoke with understood what the MCA is designed to do and described how they supported people to make decisions where possible. We saw appropriate people had been involved in the decision making process. One staff member told us, "We are working with one person to promote choice by more use of visuals, when people are non-verbal, visual aids really help to support choice." People in the service were supported to make choices by using their own communication preference. For example, one person was able to make choices verbally and another person was supported using sign language. The person showed us their signs for 'yes' and 'no' and that their favourite sign was 'cheeky monkey'.

People were supported to access the food and drink of their choice. Staff told us that they supported people to go shopping to buy their food and were involved in the preparation and cooking of food. People planned their meals for the week ahead and menus were displayed in the kitchen area. A staff member told us, "[Named person] particularly likes shopping for food, they always have a list and tick everything off their list once they have found it."

People decided how they spent their time and the activities they wanted to participate in as well as how they received their personal care. People chose how their environments were arranged. For example, one person told us their room was about to be decorated and it was going to be pink.

Staff had a detailed knowledge of people's support needs regarding eating and drinking and this support was provided in a way which met people's individual needs and levels of independence. Information about people's dietary requirements, likes and dislikes was available in care records and staff were aware of this.

Relatives told us the service would let them know if their relative's healthcare needs changed. Staff supported people to maintain good health and have access to healthcare services. When needed people were supported to attend their healthcare appointments and outcomes from these visits were documented. Changes or additional support needed as a result of these visits were communicated between staff. Staff were in regular contact with people's GP's and specialists and relatives where appropriate. Staff promptly involved the relevant healthcare professional where there was a change in a person's health.

People had hospital passports. These gave healthcare professionals information on the person, what was important to them, their personal preferences and routines, and how best to communicate with them. This helped to ensure that people received person-centred care when attending hospital appointments. A relative said, "They contact me straight away about taking [family member] to GP, but anything urgent they will deal with it." A professional said, "The staff have engaged well with all the health professionals that have been involved and appeared to follow the plans."

Is the service caring?

Our findings

People and relatives we spoke with were very complementary about the staff who supported them and told us that all staff were caring. Staff developed positive caring relationships with people using the service. One relative told us, "I am very happy, I do not think [family members] life would be as good without them." Another relative told us, "Everything they do is amazing."

There were policies, procedures and training in place to give staff guidance about treating people with privacy and dignity. Staff explained to us how they made sure people received support with their personal care in a way which promoted their dignity and privacy by closing doors and enabling people to have time in private when they wanted it. One staff member said, "We make sure they have their privacy, they will often take their telephone calls up to their bedrooms and we respect this."

Staff spoke about the importance of developing a good relationship with the people they supported and spoke about people in an enthusiastic way, demonstrating pride in achievements people had made. We observed staff when they interacted with people; they clearly knew the people they were supporting as the interactions were full of laughter and fun. One staff member told us, "As soon as I met people I knew I wanted to work here, they are [people that use service] fantastic." Another staff member told us, "I love working here, I love supporting people, they are all different characters and I love every minute." Another staff member said, "I love the environment, people are easy to get on with and we are like a family. We all eat around the table together, it's lovely."

People were relaxed and comfortable and staff used the persons own communication preference during interactions. The staff used sign language with one person and their relative told us, "They have taught [family member] many more signs, if there was something they were not happy with or did not understand, they respond promptly and explain things so they can understand." The relative went on to say, "I am very happy, they are [family member] completely different since living at the service, more confident and outgoing. I can sleep at night knowing they are happy."

We looked at people's support and care records which included their care planning documentation, risk assessments, healthcare documentation and other records. Care records were centred on people as individuals and contained detailed information about people's diverse needs, life histories, strengths, interests, preferences and goals. Easy read and pictorial information had been developed so people could easily contribute to their plan of care and how they wanted to be supported. These had been signed by individuals to show their involvement.

A professional told us, "The staff, and particularly their leadership team, are very proactive and also demonstrate a good rapport with each of their service users. We know that their support plans and other documentation that they share with us will be of the highest quality and we are able to talk to them regularly about students' needs, progress and outcomes. In our experience, their service users are safe and encouraged to reach their potential. The staff have always appeared skilled and experienced and the managers are very hands-on and aware of day-to-day issues. We are delighted to have such a good working

relationship with them."

People were supported to maintain contact with family and friends, a relative told us, "I can visit whenever, but I have to check they are in as they are always out doing something."

People's independence was promoted. People and their relatives had been involved in developing their care plans and identified what support they required from the service and how this was to be carried out. Care plans were updated when people's needs changed. One person told us, "I do my shopping and help with the cooking." A relative said: "[Family member] has learnt to live separately from me, which I never thought would happen". A professional told us, "The staff appear to be very caring but not over caring to reduce the risk of increasing the person's independence." Another relative said, "[Family member] goes shopping, cooks their own food, it is their home."

During our visit we observed one person cleaning up following a visit from family, they told us, "I am cleaning up as the baby made a mess." The person then showed us the photos they had taken on the phone of their visit from their family.

Is the service responsive?

Our findings

The service was extremely responsive to people's individual needs and the registered manager and provider were very aware of the impact on people when moving into their own home. For example, we were told that a new person was due to move into one of the homes the following week. They told us that the persons previous placement had failed, they had organised several transitional visits including a birthday visit. A detailed support plan had been developed over time and the service would be working very closely with the behaviour support team to support the person and further develop strategies to identify where any potential problems might occur. The registered manager and director told us, "We really want this to work, there are some behaviours that we have already developed strategies for and we will meet with the person regularly to make sure they know we are available, we are committed to supporting them to live the life they want." This demonstrated that the service was committed to meeting the individual needs of the person and were proactive in working in partnership with other professionals to support and empower the person.

People using the service received care which enhanced their lives. The service supported people with very complex needs and a professional told us about a person they had already placed in the home. "I was very concerned about placing this person due to their complexities and whether a supported living service would be able to manage, from what I have assessed and reviewed they have supported them to become far more independent and manage their anxieties. Their admin appears very well managed and their planning around goals and outcomes are very focused and evidenced. The person has just had continuing health care agreed due to their complex behaviours which evidences to me that they are a specialist service."

Staff were knowledgeable about strategies in place to manage behaviours and told us that the care plan was detailed in how to manage this behaviour. They explained that one person will scream, shout and then just get up and run which would not be safe, but they now knew how to reassure the person and provide a safe place for the person to run to.

Staff were flexible in their approach to providing care which met the needs of the individual person. Staff supported and encouraged people to participate in activities of their choice and which were meaningful to them. People using the service visited the office once a week to develop their activity plans for the following week with the service co-ordinator; this meant they were able to research activities and events available that they would be interested in. One person also visited the office to work, they had previously had an office job and enjoyed working in this environment. The directors told us, "They are very helpful and bring their own calculator ready to start work." A staff member told us, "They go to [service co-ordinator] with their ideas and try to fit them into their planner."

The activity plans were detailed and varied and included jobs they needed to do independently like washing, cleaning and cooking. People attended various classes, clubs and activities throughout the week depending on their preferences. Activities included swimming, the gym, dancing, shopping, horse riding, cinema, bowling, art therapy and craft sessions. Relatives told us that their family members were very active. One relative said, "[Family member] is very active, they think through everything they plan to do, it is wonderful and has been lifesaving." Another relative said, "It is as normal a life as they could expect, they go

beyond what I would have expected." A staff member told us, "People have a very structured week, lots to do and time for rest, they enjoy their placements and their hobbies and interests."

Staff strove to empower people to live fulfilling and enriched lives. For example, one person was attending art therapy to support them to manage their phobias and another person told us about their horse riding session they had that morning. We visited one person at their work placement, the person and their support worker were busy working in a local boutique serving customers as we entered. The person told us they worked there every Thursday and added, "I went shopping, then horse riding out on a path, I also work in a kitchen cooking for Children, I like living here." The person went on to tell us about a friend's party they had recently gone to and dancing at 'boogey wonderland'. The staff told us that this person responded very well to being very active and busy and this has had a positive impact on their behaviour. The person loved animals and had recently completed an assessment with the RSPCA so they could walk their dogs. The providers explained that they had also sent two staff members to complete the assessment to ensure there was always a staff member available to go with the person. The person loved dogs and animals but unfortunately, another person living in the service was afraid of dogs, so a staff member had organised this placement and the person was due to start very soon.

The providers told us that one of the properties was very close to a walking path and people used the path for walking and were hoping to use it for a new tricycle the service had purchased for people to use. One person told us they were looking forward to trying the new tricycle and staff added, "So are we."

People were supported to go on holiday to destinations of their choice. One person told us they had been to Benidorm and were hoping to go on another holiday later in the year. One person told us they had gone to Benidorm Palace and they had not got in until 1am. The registered manager explained the previous year people had chosen a villa and although they had enjoyed the holiday they realised that people wanted more evening entertainment and Benidorm had been perfect for them.

When we visited one of the properties people lived in, we saw that an activity room had been set up so people could be involved in their hobbies and interests at home as well as attending outside events. A scrapbook had been collated by people and staff with photographs to show where they been and what they had done. This included photographs of musicals, pantomimes, concerts and music festivals. Some people that used the service had recently attended a local music festival which we were told everyone enjoyed. The activity room contained computers that people could use. One staff member told us, "People here have a better social life than I have, they are involved in everything."

The service actively encouraged people to become involved in the local community and worked hard to empower people to make choices and have control over their lives. Care reviews were held every six months with the person and their representatives and all aspects of their care and support was discussed. Weekly house meetings were held so people could discuss their menu choices for the following week and any ideas they had for activities.

We were shown a recipe book developed by people and staff with a variety of healthy meal options and dishes they had created together. We were also told that the service had sponsored a newly formed local football team and people, staff and families will have an opportunity to attend matches and keep up to date with how the team progresses. A MacMillan coffee morning was also being organised and people would be involved in making cakes to raise money.

People and their relatives understood the provider's complaints process. One relative told us, "I would speak to [named both directors] if I had any concerns. They would deal with it and take my concerns

seriously." The complaints process was produced in an easy to read format so that people could more readily understand it. Complaints were dealt with in line with the provider's policy.

Is the service well-led?

Our findings

People's care and support was planned and coordinated by the two directors of the company who were fully involved in all aspects of the service. When we spoke to both directors one of which was the registered manager their passion and enthusiasm to provide fulfilling lives for people that used the service was evident. People and relatives were equally positive about how the service was run. One relative told us, "I am extremely happy with this service, I have been blessed, I could not wish for a better company."

Professional comments included, "They are skilled and experienced to a very good level", "If I request a meeting they will make themselves available and are quick to respond to call or emails" and "From what I have seen of the owners, they are managing the company very well."

Staff were also positive about working at the service and the support they received from the registered manager and director. One staff member told us, "Morale is high and I can talk to [named both directors], the vibe is very positive." Another staff member said, "I think it is a very good service and people lead active lives." A third staff member added, "We have a fantastic team, managers know people inside out and are very hands on, I love working here the whole structure and the way things are run is fantastic."

The service had quality assurance systems in place. The registered manager and director told us they completed monthly checks of all aspects of the service, which included daily records, finance records, medicine records, behaviour charts, incident reports and fire safety. An external pharmacy audit was carried out in January 2017 and all recommendations had been addressed. Staff told us they thought feedback about their practice was helpful and an opportunity to learn and develop.

Records relating to people's care were accurate, up to date and stored appropriately. Staff maintained daily records for each person and provided information about the care they received and the medicines they were given. Care records were checked and monitored by management to ensure that the quality of recording was appropriate.

We saw that efforts had been made to obtain the views of the people supported by the service and their relatives. This was either in the form of meetings, reviews or surveys. We saw that the service was introducing a new feedback form that would be sent to people, their representatives and staff, the director explained that the existing feedback form had been looked at and they wanted one that was more user friendly.

Staff meetings were held every month, which gave opportunities for staff to feedback ideas and make suggestions about the running of the service. Minutes from recent staff meetings showed that issues such as safeguarding had been discussed. The registered manager told us, "We use everything people tell us or suggest in our action plan." There was also a suggestion box called "This is what I think" available for people, relatives and staff to use.

The registered manager and director had introduced an incentive scheme for staff that provided staff with

discounts for various shops, gym membership and cinemas. They were also planning to introduce another monthly incentive scheme for staff that 'go the extra mile'.