

Mrs Deborah Ann Plant

# Community Living Project

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service well-led?

Good 

# Summary of findings

## Overall summary

About the service: Community Living Project is a residential care home providing personal care and accommodation for up to nine people who have a learning disability. There were nine people living at the service at the time of our inspection.

Why we inspected: At our inspection carried out in July 2017, we found the provider's systems and processes to monitor and respond to incidents had not always been sufficiently embedded and followed. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good governance. We inspected again in September 2018 when we identified a continued breach of Regulation 17: Good Governance. The service was rated Requires Improvement in all domains and overall. A warning notice was served and the provider was given a compliance date of 31 December 2018. Following our inspection, the provider informed us what they would do to meet the regulations.

We carried out this focussed inspection to check the providers progress against the warning notice served, and to check they now met the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Our visit was unannounced. This meant the staff and the provider did not know we would be visiting. During this inspection we found the provider had implemented the necessary improvements and were no longer in breach of Regulation 17: Good Governance.

People's experience of using this service:

- The provider/registered manager had developed a system for the regular monitoring of the service provided.
- Regular audits had been carried out to identify any shortfalls within the service.
- A dependency tool had been used to identify the levels of staffing required to support people appropriately.
- Staffing levels enabled people to be involved in activities of their choice.
- Improvements to the environment ensured people were provided with a safe and comfortable place to live. The cleanliness of the service was being monitored.
- People's views of the service were sought through meetings and the use of surveys.
- A business continuity and improvement plan had been developed to ensure the service continued to improve in the future.
- The provider/registered manager and the staff team were committed to providing person-centred, high quality care.

Rating at last inspection: Requires Improvement - (last report published 13 November 2018)

Follow up: We will continue to monitor the service in line with our regulatory powers and our re-inspection schedule for those services rated Requires Improvement.

More information is in the detailed findings below.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

# The five questions we ask about services and what we found

We always ask the following five questions of services.

## Is the service well-led?

Good 

The service was well-led

Details are in our Well-Led findings below.

# Community Living Project

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was carried out by two inspectors.

Service and service type: Community Living Project is a 'care home'. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection: The Inspection was unannounced.

What we did:

Before inspection: We reviewed information we held about the service such as notifications. These are events which happened in the service that the provider is required to tell us about. We sought feedback from the local authority who monitor the care and support people received. We used this information to plan our inspection.

During inspection: We looked at the providers quality assurance audits. We checked the environment and reviewed a range of records about people's care and how the service was managed. We spoke with three people living at the service. We also spoke with the provider/registered manager, the deputy manager and

five members of the staff team. A volunteer who was volunteering at the service on the day of our visit was also spoken with.

After inspection: The provider provided us with additional information including staff rotas to evidence compliance with the regulations.



## Our findings

We have inspected this key question to follow up concerns found during our previous inspections in July 2017 and September 2018. At those inspections there was a lack of appropriate governance and risk management framework. There were no effective systems in place to develop and improve the service, based on the needs of the people using it, their families and staff. The provider had not sought the views of people using the service, their relatives or staff, to support them in improving the service provided. This meant this was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014; Good Governance. A warning notice was served.

At this inspection, we saw improvements had been made however, these needed to be further embedded and sustained within the service. The provider was no longer in breach of the Regulations.

Well-Led – this means service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Good: Service management and leadership was now consistent and leaders and the culture they created supported the delivery of quality, person-centred care. Systems needed to be further embedded and sustained.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements:

- Since our last inspection, the provider had taken over the role of registered manager and people spoke positively about them. One of the people using the service told us, "She [provider/registered manager] listens to me and I can talk to her any time." A staff member explained, "[Provider/registered manager] is fantastic, you can't fault her. She is very approachable."
- A comprehensive quality monitoring system had been developed ensuring all areas of the service were monitored on a regular basis. Audits had been carried out on areas such as daily recording sheets, incidents and accidents, medicine management and staff competency. Records showed where issues had been identified, appropriate action had been taken.
- An audit of the environment had been carried out and this was being reviewed monthly. Following the initial audit, improvements had been made to the decoration and overall ambience of the service. Communal rooms were designed to provide a homely environment for the people living there. People had been supported to personalise their own rooms and rooms reflected people's hobbies, interests and culture. A staff member told us, "All the rooms have been decorated, it's more homely with more pictures on the

walls now, the residents are happier."

- The cleanliness of the service was being monitored daily and a comprehensive audit was carried out each month to make sure people were provided with a clean place to live. Best practice guidance was available to the staff team on helping to prevent infection. The service was clean and tidy on the day of our visit.
- A system had been adopted to measure and monitor the dependency of people using the service and staffing levels were adapted accordingly. Staffing levels had increased since our last inspection.
- For people requiring one to one support, this had been highlighted on the staff rota. The staff member responsible for providing the one to one support had also been identified. One staff member explained, "It is more structured now, before we didn't know what we would be doing but now, it is so much better knowing what is expected of you."
- People had activity schedules to follow and the increase in staff numbers meant people were provided with the opportunity to enjoy activities of their choice. On the day of our visit one person enjoyed a game of jenga and another a session of colouring. Whilst three others were supported on a trip to the local supermarket.
- The staff team felt supported by the provider/registered manager and felt able to discuss any issues or concerns. One explained, "I had an issue in the last couple of days and she sorted it."
- The provider/registered manager understood their legal responsibility for notifying the Care Quality Commission of deaths, incidents and injuries that occurred or affected people using the service. This was important because it meant we were kept informed and we could check whether the appropriate action had been taken in response to these events. They were also aware of their responsibility to have on display the rating from their latest inspection. We saw the rating was clearly on display on the provider's website and within the service.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong:

- The provider/registered manager and the whole staff team demonstrated a commitment to improving and providing person-centred, high-quality care. One staff member explained, "Things are improving for the better, I have never seen so many staff. It is totally different now, people get to do what they want with their one to ones and they have a choice." Another told us, "Residents are out more. There's more staff on every shift and the residents are happier."
- The provider/registered manager understood their responsibilities for learning lessons when things went wrong. When things had gone wrong, including the effective running of the service, this had been addressed by the provider/registered manager to ensure people once again received good quality care and support.

Engaging and involving people using the service, the public and staff:

- People had been given the opportunity to share their thoughts on the service being provided through monthly meetings. One person explained, "We have a resident meeting once a month. We talk about what we like, what we don't like and what we fancy doing."
- Individual one to one meetings had also been introduced between the people using the service and the activities coordinator, enabling them to be involved in decisions about their care and support.
- The provider/registered manager had re-instated the 'Friends of Community Living Project' which the previous manager had disbanded. This was led by a family member of one of the people using the service. They had recently developed a questionnaire and these had been sent to relatives for their thoughts of, and suggestions for, the service.
- The staff team had been given the opportunity to share their thoughts on the service and be involved in how it was run. This was through formal staff meetings, supervisions and day to day conversations with the provider/registered manager and deputy manager. One explained, "I can share my views and I am listened too." Another told us, "We have the opportunity to have a say and they take our opinions into account."

Continuous learning and improving care:



- The staff team had been provided with training opportunities to enhance their skills and knowledge and improve the care and support they provided to people. Training on specific areas of care such as supporting people with autism, dementia awareness and positive behaviour training had been provided and Makaton training was being sourced.
- The provider/registered manager had worked hard since our last inspection to improve services for people and had developed an improvement plan to further improve the service in the future. A staff member explained, "There have been a lot of changes for the better."

Working in partnership with others:

- The provider/registered manager worked in partnership with commissioners of services, the local authority quality improvement team and other healthcare professionals to ensure people received care that was appropriate for their assessed needs. One of the professionals involved with the service told us, "I'm really happy with the improvements that have been made by [provider/registered manager]."