

Mrs Deborah Ann Plant

# Community Living Project

## Inspection report

29 Loughborough Road  
Quorn  
Loughborough  
Leicestershire  
LE12 8DU

Tel: 01509620858

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### Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

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

### About the service

Community Living Project is a residential care home. This service supports people with learning disabilities and autism. The service is registered to care for nine people; there were eight people living at the service at the time of the inspection.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to nine people. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff did not wear uniforms that would suggest they were care staff when coming and going with people.

We saw many examples where staff had supported people to become more independent, make choices and increase their physical and emotional wellbeing. With staff support and by increasing their understanding, personalised daily routines were established, reflecting people's preferences and healthy eating was promoted.

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

People were supported to stay safe. Risks associated with the premises were identified but not always responded to in a timely manner. Improvements were needed to the administration, storage and recording of medicines to ensure these were consistently safe. There was a system in place to report any incidents, including safeguarding concerns, which were analysed for any themes or trends. Peoples' staffing requirements were assessed and met. People were supported by enough staff who knew them well and had been safely recruited. The environment was clean and good infection control procedures were followed.

Staff were supported to provide good support through effective training and induction to the service. People were supported by staff who understood the importance of utilising positive behavioural support and this was used in line with best practice guidance. Staff also worked with health and social care professionals to ensure the support provided met people's needs. People were supported to maintain their health and wellbeing and were protected from the risks of poor nutrition or hydration. The environment had been adapted, as far as possible, to meet the current needs of the people using the service. People were able to personalise their rooms. 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.

Staff were caring and kind to people. They were skilled in communicating and supporting people to make choices and decisions about their care. It was clear bonds had been formed and people told us the staff were good and listened to them. A relative spoke highly of the good work the staff team had done to ensure their family member remained well cared for and safe. People were given choices and encouraged to reach personal goals. Staff could describe how to support people and were aware of people's routines.

Care plans were detailed and regularly reviewed. Care plans were developed with people, their relatives and staff and contained people's likes, dislikes, preferences and aspirations. People were supported to attend many activities in and away from the service. The registered provider and staff were open to receiving concerns and complaints and there was easy read information available to enable people to understand the process. Plans were in place to support people's wishes for end of life care where they were able to discuss this.

The leadership of the service promoted a positive culture that was person-centred and inclusive. The registered provider supported staff to be able to do their job effectively. The provider's quality assurance processes had been developed and resulted in improvements to the service. The registered provider and the staff team showed a desire to improve on the service provided and in turn the quality of life experiences for the people at community Living Project.

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

#### Rating at last inspection

The last rating for a comprehensive inspection of this service was Requires Improvement (published 14 November 2018).

The last rating for a focussed inspection of this service was Good (published 5 April 2019).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### 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 well-led.

Details are in our well-led findings below.

**Good** ●

# 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. 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 carried out by one inspector.

#### Service and service type

Community Living Project is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. The provider is 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 the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. 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. We used all of this information to plan our inspection.

#### During the inspection

We spoke with one person and a relative of a person using the service. We observed the support provided to people and staff interactions. We spoke with the registered provider and four members of staff including the

deputy manager and three care staff.

We reviewed a range of records. This included three people's care and medicines records and two staff recruitment files. A variety of records relating to the management of the service, including policies and procedures and quality assurance were reviewed.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- Improvements were needed to the administration, storage and auditing of medicines to ensure medicines were safely stored and administered as prescribed.
- We randomly checked medicines for two people who were prescribed the same medicine. We found errors in records and stock levels that indicated these medicines had been mixed up so one person had received the other person's medicines. This error could only have occurred through poor practice in taking multiple medicines out of the cupboard during the administration process.
- We checked medicine records and stock levels for a third person and found these to be correct. However, we found gaps in staff signatures on medicine administration records (MARs) to confirm eye drops had been administered.
- One person had recently been prescribed controlled drugs. The provider had not yet purchased a controlled drugs register or cupboard that complied with British Standard BS2881:1989 security level 1, Safe Custody Regulations. The provider ordered a suitable cupboard and register and installed it on the day after our inspection visit.
- Following our inspection, the provider submitted evidence that regular checks of medicines had been put in place to monitor stock levels and ensure they were being given correctly.
- People's medicines were reviewed regularly which helped to make sure they were not taking unnecessary medicines.

### Assessing risk, safety monitoring and management

- Most risks from the environment had been assessed and actions taken in response. However, we found one freestanding wardrobe had not been secured to the wall to prevent it from falling on a person. Several radiators in communal areas and bathrooms had not been fitted with covers to protect people from the risk of surface burns in line with current Health and Safety Executive guidance. The provider had commenced this work prior to our inspection but work had been paused whilst other refurbishment works were prioritised.
- We recommended the provider review this as part of their ongoing refurbishment programme and assessment of environmental risks. Following our inspection, the provider submitted evidence to demonstrate they had taken immediate action to secure the wardrobe and the fitting of radiator covers.
- Risks to people were regularly reviewed and records updated to reflect any changes in identified risks. These included Personal Emergency Evacuation Plans (PEEPs) which provided guidance for staff to safely evacuate people in an emergency.
- People had positive behaviour support plans in place where needed. These set out the support people

needed to manage behaviours that challenged staff and other people. The plans included clear information about signs for staff to look out for and actions needed to de-escalate situations.

Systems and processes to safeguard people from the risk of abuse

- People were protected from harm.
- One person told us, "I feel safe here, there are no problems. If I was concerned about anything I can speak to the staff or my family." A relative told us, "[Name] is safe because staff recognise when something isn't right and respond straight away. They tell me and keep me informed."
- The provider had effective safeguarding systems in place. The management team understood their responsibilities about keeping people safe and reporting concerns to other agencies.
- Staff knew what to do to make sure people were protected from avoidable harm or abuse.

Staffing and recruitment

- There were enough staff working each day to support people within the service and when out in the community safely.
- New staff had been safely recruited and only employed following appropriate checks. These included a check with the Disclosure and Barring Service, which helped the provider to make safer employment decisions.
- Some of the staff had worked at the service for some years which allowed for consistency in the support provided to people.
- Staff told us they felt supported by managers and received supervision which helped them to develop within their role. One staff member told us, "The support and supervision I have recognises the importance of a work/life balance for staff. Managers recognise that I have responsibilities outside of work and support with this, such as making sure I have a workable rota pattern. I feel valued as a person, not just a member of staff."

Preventing and controlling infection

- Staff were trained in infection control and demonstrated a good understanding of the systems in place.
- The service was clean and free from odours. Staff were observed following good hygiene practice and encouraging people to do the same.

Learning lessons when things go wrong

- Incidents were recorded and had been reviewed by the registered manager. Actions included referrals to external health and social care professionals where necessary and changes to people's support plans.
- Staff took part in debriefing sessions where necessary following incidents. These were used to reflect on incidents that had happened and assess whether different actions would have resulted in better outcomes for people.

# 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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to 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 carried out holistic assessments of people's needs and choices. These had been carried out with the person, their relatives, and other professionals supporting them. This helped ensure assessments were in line with best practice.
- Best practice guidance through the use of positive behavioural support was put in place when required. Staff had a good understanding of how to put this approach in to practice and how to protect people from the risk of discrimination.

Staff support: induction, training, skills and experience

- Staff said they received good training, which gave them the skills they needed to do their job. The provider had a record of all training staff had completed and when refresher courses were due, although this was in the process of being updated at the time of our inspection.
- The training provided was a mixture of face to face and paper-based training. Staff told us they were given time to reflect on the training to ensure it met their needs.
- New staff spent time shadowing experienced staff members and completing the Care Certificate as part of their induction. This is a set of nationally recognised induction standards for staff who are new to working in care and support.
- Staff told us they received good support and had regular meetings with managers to discuss their learning and development needs. One staff member told us, "I receive regular supervision and feel supported. Managers recognise we have roles in and out of work and help us to achieve a work/life balance."

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

- People were supported and encouraged to maintain a healthy balanced diet and were provided with regular food and prompted or provided with regular drinks. One person told us, "I have keys to the kitchen and make myself drinks when I want them. The food is okay. I like cheese on toast and salads and I get these."
- People's care plans included risk assessments and guidance for staff to follow if a person had been assessed as being at nutritional risk. For example, from choking or poor nutrition. Staff had implemented a special place mat to support a person to follow the recommendations from health professionals.
- Staff monitored people's food and fluid intake where required and provided support during the lunchtime meal. This enabled people to eat their meal in a dignified, safe way.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- People's care plans referenced people's abilities to make specific decisions regarding certain areas of their care and support. Where there were concerns about a lack of capacity, a referral was made to the local authority under DoLS. Decisions, including best interest decisions, were clearly recorded and reviewed.
- People had given their consent for staff to hold items for them, such as cigarettes. People were able to have any items held by staff when they wanted them.
- We observed staff gaining people's consent before providing any support.
- Staff received training on mental capacity and DoLS and had a good understanding of their responsibilities.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The staff team worked with health professionals to understand the needs of people and ensure they remained as fit and healthy as possible.
- The staff team supported people to attend health appointments in and away from the service. People had health action plans in place which documented the support needed to ensure the person remained well.
- People had an emergency grab sheet in place which contained information that other healthcare professionals might need to know, for example in the event of an emergency hospital admission.
- Records of appointments and outcomes were logged in people's care files. Records showed staff were responsive to changes in people's health and well-being and sought appropriate support without delay.

Adapting service, design, decoration to meet people's needs

- People were involved in decisions about the premises and environment. People had decorated their rooms to their individual taste and needs.
- The provider had involved people in decisions about the décor and furniture of the shared areas of the home. There was a choice of communal rooms that people could spend their time in, dependent on their preferences.
- Changes had been made to the way some rooms were used, in response to people's needs. For example, one room had been changed into an en-suite ground floor bedroom to support a person's changing needs.

# 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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to 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 with kindness by caring staff who worked to support people to achieve the best possible outcomes.
- We observed staff interacting with people in a friendly and respectful way. Staff responded to requests for support in a timely way and told us they had enough time to provide the individualised care and support people needed.
- Staff were aware of people's different needs and responded to them in an individual way. Staff were able to describe how they adapted their approach for people throughout the day, depending on their moods and responses, to ensure they had equal opportunity to do things such as going out into the community.

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

- There was a clear admission and review process which helped ensure people's views and feelings were sought. Most people using the service were not able to communicate verbally. Staff made sure they got to know people well so they could support the person's decision making and provide support the way they wanted.
- During the day to day support we observed staff respectfully offering people different choices on what they wanted to do and respecting their wishes when they declined to participate in certain activities.
- Staff respected people's choice in communicating and were skilled in establishing effective communication with individuals. This helped people to make day-to-day choices and decisions about their care and support.

Respecting and promoting people's privacy, dignity and independence

- Staff were mindful that people using the service required one to one support which could be intrusive. We observed staff were careful to provide the support people required whilst ensuring they had space and privacy.
- Staff supported people to maintain their dignity and privacy. For example, during meals, maintaining their personal appearance and interacting within the local community.
- People's care plans contained information on what the person could do themselves and how staff could support them. Staff demonstrated a good understanding of how to support people's independence and the importance of this.
- People's information was stored securely and shared only with relevant agencies. People were supported to maintain relationships with family and friends, who were able to visit when they wished. On relative told us, "I cannot visit anymore so staff support [name] to visit me regularly. If I need to ask or raise anything, I

can speak to the staff or managers who are always available."

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to 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

At our last inspection the provider had failed to ensure that care and treatment of people using the service was appropriate, met their needs and reflected their preferences. This was a breach of regulation (Person-centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Staff knew people's likes, dislikes and preferences. This included information around routines and rituals, words to avoid and triggers for anxiety. They used this detail to provide support for people in the way they wanted. Examples included information about people's preferred daily routines and support they needed to complete tasks and activities.
- People were supported to make choices and have as much control and independence as possible.
- People had clear support plans, which set out how their individual needs should be met. The plans were specific to people and contained detailed information for staff. Care and support plans had recently been reviewed and developed to ensure they reflected people's current needs. Plans included goals people wanted to achieve.

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.

- People's individual communication needs were assessed. Staff supported people with their preferred communication aids. Care plans contained detailed information about how people preferred to communicate, including do's and don'ts and the best time of day to communicate with the person.
- People were provided with information and able to share their views through easy read formats.

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 had assessed people's individual interests and people had care plans in place to support them to participate in these.
- People were supported to take part in a range of activities they enjoyed. These included in-house

activities, going out into the local community and day trips. We saw people engaged in one-to-one activities with staff throughout the day, which included spending time away from the service.

- People were supported to maintain relationships with family and friends.

Improving care quality in response to complaints or concerns

- The registered provider had a complaints policy and procedure which was made available to people in an easy read format. However, no complaints had been made since our previous inspection.
- Staff kept in regular contact with relatives and health and social care professionals involved in people's care which helped to ensure any areas of concern were identified at an early stage.

End of life care and support

- People and their relatives had been supported to think about their end of life wishes and record this in their care plans wherever possible.
- Staff understood people's preferences and were aware of good practice and guidance in end of life care.
- At the time of the inspection no one using the service required end of life care and support.

## 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.

At our previous inspection this key question was rated as Requires Improvement. We undertook a focussed inspection in March 2019 where we rated this key question as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered provider and staff promoted a culture of person-centred care by engaging with people, relatives and external agencies.
- The person-centred ethos was demonstrated by staff during our inspection. Staff were able to tell us about the provider's vision and were committed to improving the quality of people's lives. One staff member said, "I love my job. I take time to reflect on what I have done at the end of the day, what I could have done differently or when it's been a good day. I get a lot out of knowing I have really helped people."
- A relative described how staff had worked consistently to achieve positive outcomes for their family member at a time of crisis. They told us, "They acted quickly when they identified something was wrong and got the right support for [name]. Both [deputy manager] and [registered provider] are approachable and very involved in people's care and involve and consult me in all aspects of [name's] care. I have no concerns at all, the service is very good."

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

- Staff were positive about the changes since the registered provider had taken on the day to day management of the service. A staff member told us, "The change was needed and things have improved a lot since the last inspection. We have had to learn new systems of documentation. [Registered provider] is approachable and consults with us."
- The registered provider had reviewed systems and processes in place and introduced new practises into the team in recognition of where things had gone wrong. This included reviewing all care plans and records and improving documentation and recording with staff.
- The registered provider understood their responsibility to comply with the duty of candour. Staff were aware of what action to take to report any concerning information or complaints.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered provider had developed more robust quality assurance systems. These included, reviews of care records, medicine records, support plans, staff records and quality satisfaction surveys. In addition to checking records the management team completed observations of staff practice. This was to assess

whether staff were putting the training and guidance they had received into practice. Following our inspection, the provider immediately implemented more robust medicines audits to address issues around the safe administration, storage and recording of medicines.

- The service did not have registered manager. The registered provider told us they intended to apply to the Care Quality Commission as a registered manager. They had not submitted an application at the time of our inspection but was undertaking all duties pertaining to this role.
- The registered provider was clear about their responsibilities for reporting to the CQC and the regulatory requirements. Risks were clearly identified and escalated where necessary.
- Regular handover and staff meetings provided opportunities to discuss current practice, support and any required changes.
- The registered provider was working towards completing an improvement plan to ensure standards expected were maintained and to develop the service further. They were working with local authority commissioners to ensure improvements made met requirements and were sustainable.
- People, relatives and stakeholders were able to share their views about their care and the service through individual review meetings, easy read feedback forms and directly to staff and the registered provider. The registered provider analysed feedback and used this to support improvements within the service.

#### Working in partnership with others

- The registered manager and staff worked closely with other agencies to achieve good outcomes for people. This included working with day services, commissioners and health and social care professionals.
- Commissioners told us the service was improving in key areas and was responsive to advice and guidance.