

Ordinary Life Project Association(The) Beckford Lodge

Inspection report

Gipsy Lane
Warminster
Wiltshire
BA12 9LR

Tel: 01985847755

Date of inspection visit:
24 September 2019

Date of publication:
23 October 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Beckford Lodge provides personal care support for people with a learning disability who live in their own house. Two people were receiving care 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.

What life is like for people using this service

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Risks to people's well-being and safety were assessed, recorded and kept up to date. Staff supported people to manage these risks effectively. Staff kept clear records of the support provided to help people manage their medicines. People were supported to be as independent as possible.

People had been supported to develop care plans that were specific to them. The plans set out the support people needed and how they wanted staff to provide it. Plans were regularly reviewed with people and changed where needed to keep them up to date.

The registered manager provided good support for staff. The provider's quality assurance processes were effective and resulted in improvements to the service. There was effective oversight of the service from senior managers.

More information is in Detailed Findings below.

Rating at last inspection and update

Requires Improvement. Report published 18 July 2019. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out a comprehensive inspection of this service on 5 June 2019. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment.

We undertook this focused inspection to check they had followed their action plan and to confirm they now

met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Responsive and Well-led which were rated requires improvement.

The ratings from the previous comprehensive inspection for those Key Questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Beckford Lodge on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection 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 safe.

Details are in our safe 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 ●

Beckford Lodge

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 team consisted of one inspector.

Service and service type

This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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

Notice of inspection

This inspection was announced. We gave the service short notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did

Before the inspection we reviewed the information we held about the service and the service provider. The registered manager completed 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. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

During the inspection

We looked at two people's care records. We looked at a range of other records about how the service was managed. We spoke with the registered manager and one support worker.

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 requires improvement. At this inspection the key question has improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection action was needed to ensure risks were effectively managed and medicine management systems were safe. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risk assessments were in place to support people to be as independent as possible. The plans balanced protecting people with supporting them to maintain their freedom. Assessments included support people needed to stay safe when smoking, manage their medicine independently and manage their finances.
- People had been involved in assessing risks and their views were recorded. The assessments had been reviewed following the last inspection. The plans contained clear information about the support staff needed to provide to help people to manage the risks they faced.
- Staff demonstrated a good understanding of the risk management plans, and the actions they needed to take to keep people safe.
- Where necessary, people were reminded to take the medicines they had been prescribed. Staff had worked with people to identify the best ways of supporting them. Staff kept a record of the support they provided.
- Staff had completed training in supporting people to manage their medicines safely.

Systems and processes to safeguard people from the risk of abuse

- The service had safeguarding systems in place and staff had a good understanding of their responsibilities. Staff had access to information and guidance about safeguarding to help them identify abuse and respond appropriately if it occurred.
- Staff had completed training and were confident action would be taken if they reported any concerns. They were aware how to raise concerns outside the organisation if they needed to.
- The service did not have any safeguarding concerns raised with the local authority during the previous year.

Learning lessons when things go wrong

- Systems were in place for staff to report accidents and incidents. Staff were aware of these and their responsibilities to report events. Action was taken to reduce the risk of similar incidents happening again.
- Accidents and incidents were reviewed by the registered manager to ensure appropriate actions had been

taken.

Staffing and recruitment

- There were enough staff to meet people's needs safely. The registered manager ensured staff deployed had the appropriate skills to meet people's needs. Staff rotas reflected people's preferences about who they wanted to support them.
- Staff had been thoroughly checked before working in the service. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions or whether they have been barred from working with vulnerable people.

Preventing and controlling infection

- Staff had completed training in infection control procedures.
- The registered manager was taking action to ensure people's changing needs were reflected in the infection control procedures. There was a supply of protective equipment available for staff, such as gloves, aprons and dissolvable laundry bags.

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 now 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 the last inspection improvements were needed to ensure care plans were person centred and contained clear information about the support staff should provide.

Improvements had been made at this inspection and care plans were person centred and clear.

- People had been supported to develop care plans, setting out their needs and how they should be met. People had recorded they were happy with the contents of their plan.
- The registered manager had ensured all plans had been reviewed with people and updated where needed.
- Plans contained detailed information about tasks people were able to do themselves and where people may need support. This helped to ensure staff did not de-skill people and only supported people where necessary.
- Staff demonstrated a good understanding of people's needs and the support set out in their care plans. Staff said there were good systems to communicate any changes in people's needs.
- The registered manager worked well with other health and social care professionals to ensure they were able to meet people's changing needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff had identified people's communication needs and included them in the care plans. Methods included ensuring people had equipment to be able to read documents, such as glasses, and ensuring documents were presented in people's preferred way.
- One person's plan set out the support they needed to understand more complex issues in written documents. Staff explained information where needed and ensured the person had understood.

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

- People's care plans set out any support they needed to maintain relationships and take part in social events.
- Staffing was flexible and support times were changed where needed to fit in with people's social activities.

Improving care quality in response to complaints or concerns

- The complaints procedure was given to people when they started using the service. Responses to a questionnaire completed by the service demonstrated people knew who they could contact if they had a complaint.
- The registered manager reported they had not received any complaints since the last inspection.

End of life care and support

- People were supported to make decisions about their preferences for end of life care. Details of people's preferences and needs had been included in their care plans.
- Staff understood people's needs and were aware of good practice and guidance in end of life care. Staff had completed training with a local hospice and had access to specialist information and advice about end of life care.

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 the last inspection this key question was rated requires improvement. At this inspection the key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care;

At our last inspection improvements were needed to the systems to assess the quality of the service provided.

Improvements had been made at this inspection and the provider had effective quality assurance systems.

- Quality assurance systems included feedback from people, reviews of care records, care plans and staff records. Senior managers had regular meetings with the registered manager to assess the quality of the service.
- The results of the quality assurance checks were used to plan improvements to the service. There was a development plan in place which had been regularly reviewed and updated.
- The provider was a member of relevant industry associations to ensure they were updated in relation to any changes in legislation or good practice guidance.

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

- The service involved people effectively in a meaningful way. The registered manager responded to feedback and let people know what action they had taken. Examples included changes to the times people were supported and increasing support in response to people's changing needs.
- Staff told us they felt listened to, valued and able to contribute to the running of the service.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Staff said the service was well managed. They said they were able to have open conversations with the registered manager and agree how to move the service forward.
- The registered manager said their strategy was to promote a person-centred approach that maximised people's independence and supported people to engage in meaningful activity. This was reflected in the feedback we received from staff.
- The registered manager was aware of their responsibilities under the duty of candour.

Working in partnership with others

- The registered manager worked well with the local health and social care professionals. They had established good links and working relationships.

