

Life Opportunities Trust

Life Opportunities Trust - 9 Hitchin Road

Inspection report

9 Hitchin Road
Stevenage
Hertfordshire
SG1 3BJ

Tel: 01923299770
Website: www.lifeopportuniestrust.co.uk

Date of inspection visit:
06 December 2016
07 December 2016

Date of publication:
16 December 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection was carried out on 6 December 2016 and was unannounced. At their last inspection on 24 November 2015, they were found to be meeting the standards we inspected, however, there were areas that required improvement. At this inspection we found that they had made the necessary improvements.

Life Opportunities Trust - 9 Hitchin Road is registered to provide accommodation and personal care for people with learning and physical disabilities. At the time of the inspection there were seven people living there.

The service had a manager who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run.

People were supported by staff who knew how to recognise and report abuse. We found that individual risks were assessed and staff were familiar with these. People's medicines were managed safely.

People were supported by sufficient staff who were recruited through a robust process and received regular training. Staff also told us that they felt supported.

People had their consent sought and staff worked in accordance with the MCA 2005. Staff advocated for people on a day to day basis.

There was a variety of food available to help people maintain a healthy diet and people had regular access to health and social care professionals.

People were treated with dignity and respect and were involved in planning their care and staff were aware of their preferences. Staff were seen to be kind and attentive and people received care that met their needs. People's care plans gave staff clear guidance on the support each person required. People enjoyed their outings, activities and events.

Complaints were recorded and investigated to avoid any reoccurrence. Feedback about the management of the service was positive. There were quality assurance systems in place. We found that the staff and management team wanted to continually strive for improvement to improve the lives of the people they supported.

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.

People were supported by staff who knew how to recognise and report abuse.

Individual risks were assessed and staff were familiar with these.

People were supported by sufficient staff who were recruited safely.

People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who received regular training and felt supported.

People had their consent for care and support sought and staff worked in accordance with the MCA 2005.

There was a variety of food available to help people maintain a healthy diet.

People had regular access to health and social care professionals.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect.

People were involved in planning their care and staff were aware of their preferences.

Staff were seen to be kind and attentive.

Is the service responsive?

Good ●

The service was responsive.

People received care that met their needs.

People's care plans gave staff clear guidance on the support each person required.

People enjoyed their outings, activities and events.

Complaints were recorded and investigated to avoid any reoccurrence.

Is the service well-led?

The service was well led.

Feedback about the management of the service was positive.

There were quality assurance systems in place.

The team wanted to continually strive for improvement to improve the lives of the people they supported.

Good ●

Life Opportunities Trust - 9 Hitchin Road

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

Before the inspection we reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

The inspection was unannounced and carried out by one inspector.

During the inspection we spoke with two people who used the service, three relatives, four staff members and the registered manager. We received information from service commissioners and health and social care professionals. We viewed information relating to two people's care and support. We also reviewed records relating to the management of the service.

Is the service safe?

Our findings

At our last inspection we found that staffing was an area that required improvement. At this inspection we found that this had been addressed. Although since our last inspection some people's needs had increased, there were now additional hours available to provide them with one to one support. The registered manager told us that this had been arranged to meet people's needs at times that suited them and the allocation of hours had been distributed throughout the week to best serve people's interests and routines. They told us that this meant people were getting much more opportunities to go out and participate in activities. Staff told us that they felt staffing was sufficient to meet people's needs. We noted that everyone had their needs met in a timely fashion and as needed. People were unable to tell us their experiences about staffing however, relatives told us that people had their needs met and that staff worked hard to provide a good standard of care.

One relative told us they found the staff vacancies for permanent staff unsettling, but the agency staff members who were regularly used were excellent. They told us, "We must congratulate the current team for doing additional shifts and also for the extra work that working with agency personnel inevitably involves. We have noticed how quickly the poorer agency people "disappear", whereas the best four or five of the agency people, that is the really excellent ones, are seen there very frequently."

People were unable to tell us if they felt safe at the service. Relatives told us they felt people were safe. one relative told us, "I couldn't see any visible marks on [person] that you hear about from other "Care" Homes, and it appears to me that [Person] is living in a very safe environment."

People were supported by staff who knew how to recognise and report abuse. One staff member said, "I'd report to my manager and if they didn't do anything I'd go further, to the CQC." We saw that staff received training on induction about protecting people from the risk of abuse and this was delivered annually to ensure their knowledge was maintained. We noted that information about safeguarding was displayed in the home.

People had their individual risks assessed and staff were familiar with these. For example, alarms were in place and monitored where needed for a health condition. We also noted that staff checked that when people were going out, the transport adhered to the safety arrangements. For example, in relation to a lap belt being put on when a person travelled in a wheelchair or to ensure wheelchairs had the required headrests to ensure people travelled safely. Relatives told us that they felt staff kept people safe.

Accidents and incidents were reviewed by the registered manager to ensure the appropriate actions had been taken. For example, any referrals to health professionals or changes to equipment. The service had very few accidents or incidents so the registered manager was able to maintain an overview in relation to identifying themes and trends. However, they told us that the provider was in the process of developing an analysis tool to help ensure this was robust.

People were supported by staff who were recruited through a thorough recruitment process. We found that the head office team reviewed applications and sent those who would be most suitable through to the

registered manager. They then carried out the interview and returned the notes with the application form to the central office. If a candidate was successful, we saw that pre-employment checks, such as verified references and a criminal records check were completed.

People's medicines were managed safely. We observed a medicine's administration round and saw that staff worked safely. Each person was asked where they wanted to take their medicines, where they were sitting or to move to the office. Staff worked in twos, checking the dose and signing as medicines were administered. We found that medicines records were consistent and the stock quantities tallied with the records. There were records of boxed medicines, with running totals to help ensure these were not missed and a record of staff signatures for those responsible for administering medicines. This helped to ensure that people received their medicines in accordance with the prescriber's instructions.

Is the service effective?

Our findings

People were supported by staff who received the appropriate training for their role. People were unable to tell us their views about the staff team's skills. However, relatives told us that staff were skilled and knowledgeable. Staff told us that they felt adequately skilled for their role. One staff member said, "We have eLearning and we also go as a group to the central office or [local authority] for additional training, I feel we have enough, I feel skilled enough." We saw that training was offered through eLearning and face to face sessions. We also found that staff, on starting employment, completed an induction which covered the main aspects of their role, which included health and safety and safeguarding people from abuse.

The registered manager told us that one to one supervision for staff was an area that they were aware needed to be improved. We saw from records that this had not been consistent. However, we found that all staff had received an annual appraisal in August or September 2016 and staff also attended a monthly staff meeting. Staff told us they felt supported and did not need to wait for supervision if they had something to discuss. One staff member said, "There's always opportunities to grab [registered manager] or [senior support worker] if you've got something on your mind. We also have a supportive staff team."

People's consent was sought, where possible, and the home worked in accordance of the principles of the Mental Capacity Act 2005. 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that service was working in accordance with the MCA and DoLS guidance.

People had been involved in the decision making about their care and support. Where they were unable, a relative, named support worker, professional and, if needed, an advocate were involved in making a best interests decision. Staff were familiar with their roles under the MCA 2005 and told us that just because a person may not have capacity for life decisions, this did not mean they were unable to make day to day decisions. One staff member told us, "You can't just decide what a person needs, there's a process to follow, but you can help them make a choice by showing them picture or cards to choose from."

Relatives told us that people were always involved in the decision making. One relative told us, "I attended a meeting at Hitchin Rd recently, invited by [registered manager], about [person] having a [medical procedure]. [Person] was there, together with medical staff from the Hospital where the operation will take place, an advocate representing [Person] and [Person's] main carer. The meeting took over one and a half hours, [Person] was involved throughout and it was eventually agreed, with [Person] making the final decision. The meeting was professionally organised by [registered manager] and was very thorough, always having [Person's] interests at heart. I received minutes of the meeting afterwards, very promptly."

People were supported to have a healthy and balanced diet. One relative told us, "We have always been impressed by the quality of simple things that are done at Hitchin Road, for example menus are always selected by asking the service users for their preferences, and then good fresh produce is used, and in generous proportions." Meal choices were shown to people for them to pick what they fancied where needed. We noted that staff gave people the choice during breakfast and again at lunchtime. Food and drink that people had consumed was recorded in people's daily notes to help monitor for any concerns and variety. We noted that people were weighed regularly and any concerns, where referred to the dietician or speech and language team.

People had regular access to health and social care professionals. We saw that people were visited by the epilepsy nurse, mental health teams and staff supported people to attend GP or hospital appointments. There was also support provided by an optician, occupational therapist and a chiropodist. Professionals told us that staff referred people to them when it was needed and appropriate. They also told us that they were invited to meetings about people's welfare. This demonstrated that the team recognised the benefits of people being supported by a multidisciplinary team.

Is the service caring?

Our findings

People were unable to tell us about the relationships they had with staff. However, we observed that staff knew people well and people responded well to staff members' approach. Staff were attentive and caring, making sure people had a blanket on their legs if it felt cold, or wiping their mouth if they had food around it. We noted that staff cleaned a person's glasses after noticing they were dirty. We also saw that when people approached staff for a hug, kiss on the cheek or to hold hands, this was responded to warmly and this made the person smile.

Relatives told us that the registered manager and staff team were very kind and caring. One relative told us, "I have nothing but praise and admiration for the care and support [Person] receives at Hitchin Road. [Registered manager], and her staff look after [them] very well." Another relative told us, "[Person] has a very good relationship with all the staff and [Person] is particularly fond of all the members of the night staff, who probably spend the most 1-2-1 time with [them]. [Person] mentions all the staff by name and after each name will say 'nice'."

Health and social care professionals also gave positive feedback about the team at the service. They told us staff were welcoming and always put people first, they felt people were happy living there. One professional told us that the service cared for people during good times and the bad and put the person at the centre of the support.

People's plans recorded their choices, likes, dislikes and preferences, which we noted staff were familiar with. The plans were written in a way that celebrated people's individual mannerisms so that staff knew how to respond to this. For example, having their hand kissed. This approach demonstrated that people were respected and their individuality was promoted.

Privacy and dignity was respected. One relative told us, "All the staff really care about the residents, always treating them with dignity and respect." We found that confidentiality was promoted and all records were stored in way that restricted accessibility. We also found that doors were closed when care was delivered, people were dressed appropriately and staff spoke discreetly when speaking with people, or about people to each other. We also found that when in a room with people, staff included them in conversation and did not talk as if they were not there. We found that people were involved as much as possible in the planning and reviewing of their care. Where able, people had signed their plans, but we also found that the author had written them in a way that reflected the person to express the things that were important to them. Advocacy was available if needed and this had been used to support people during best interest decisions.

Relatives were invited to be involved and many had an active role in the planning and reviewing of people's care. One relative told us, "I don't get involved directly with the planning of [their] care as I believe the staff there are fully considerate of [person's] needs and limitations. [Registered manager] will sometimes phone me if she wants anything discussed and I'm on first name terms with the staff."

Is the service responsive?

Our findings

People were unable to tell us their views on if their care needs were met. However, we observed staff supporting people in a way that was person centred and met their needs. Relatives told us that they felt people's needs were met. One relative said, "There are another five or six residents there with learning difficulties, some much more handicapped than [Person] and they seem very well looked after too." Another relative told us, "Washing is always done very well, so that the service user's clothes are always well looked after. The staff put a lot of time and effort into ensuring their people are well cared for."

We saw that the support provided to people during our inspection was as described in people's care plans. The plans included a detailed account of what people needed and how staff should deliver the support. These plans were updated and reviewed regularly and were specific to each activity of daily living. For example, there were morning, evening and night time routines which clearly told staff about people's preferred bedtimes, equipment required and any health complications. There was guidance on how to communicate effectively with people and minimise any anxiety. We saw staff provide support for people to transfer or mobilise and participate in activities. We noted that staff, including agency staff on duty, knew people well and were able to tell us about the people they supported. People had goals in their plans and actions needed to help them achieve these. We noted that one person had wanted new curtains to achieve a certain style in the room and we saw this had been done.

The activities on offer were personalised to each person's hobbies and interests. We noted that some people went to day centre most days and others who stayed at home enjoyed going out for coffee, the cinema or shopping and at home enjoyed music, colouring, games and hand massage. Those that had one to one hours allocated to them had staff to sit and chat with them, or support them to do an activity if they were unable to do this on their own. Staff knew what films or types of music people enjoyed and offered this to them. We saw that there were regular events and one person told us, "There's a party on Saturday." They were clearly looking forward to this and told us they wanted to wear a nice dress. They also reminisced about the last party with staff.

People's files included photos of activities and place they had been. We saw one person had enjoyed a recent visit to the fire station. Relatives told us that they felt people had enough to do that kept them interested. Particularly now some people had been allocated one to one hours. However, one relative and one staff member did say that they felt more time sitting and chatting would be beneficial rather than getting consumed with other tasks. We discussed this with the registered manager and spoke about the distribution and better organisation of staff to allow more time for interaction. They told us they would speak with the staff team about dividing time more effectively.

People's complaints were recorded and responded to appropriately. The registered manager documented all comments and grumbles, as well as any complaints. This included where a person did not like having hot milk on their cereal and when a person's jumper had been misshaped in the wash. We saw that each issue was apologised for and an account of action taken was recorded. We also found that this was communicated to the staff team to help reduce the chance of the issue reoccurring.

Is the service well-led?

Our findings

At our last inspection we found that quality assurance and monitoring was an area that required improvement. At this inspection we found that this had been improved.

The manager had recently registered with the Care Quality Commission and told us they were still learning in their role. However, their priority was always the people living at the home, and as a result some areas of paperwork still needed some work. We saw that there were some care plans that were not fully completed, but this had been identified through an audit and was also discussed as targets as part of staff appraisal. We also noted that the home had lost two key senior staff members so the registered manager needed to staff to take on extra responsibilities while they trained a new senior staff member and recruited to the other post. They told us, "I've been learning all this new stuff, trying to develop myself and the team." They went on to say that the struggles they had initially encountered had been resolved due to the support and dedication of the staff team, and this included the agency staff they used.

There were quality assurance systems in place. This included an audit of areas such as care plans and health and safety. There was also a weekly medication audit. However, this did not accurately reflect the findings. For example, where there had been a missed signature for toothpaste or a cream, the auditor stated 'some gaps, to be discussed at team meetings'. This indicated that the risks were more than they actually were. In addition, the same phrase had been used for the past few months. We discussed this with the registered manager and the person who completed the audit in relation to being clear on what the issue was and recognising that the action taken to resolve the issue was ineffective as it had still reoccurred. We also discussed the need for the registered manager to check these audits and provide oversight to address any on-going issues such as this. The registered manager told us how they would resolve this issue and how going forward they would document their review of checks other people complete on their behalf.

The registered manager had developed a business plan to include what they wanted to achieve in the current business year. This included refurbishment of the home, to promote a dignity champion and a staff training plan. We saw that they had made progress with this plan as two of the areas of the home had been refurbished and staff had received the training they had planned. We saw other areas, such as promoting a dignity champion had also been achieved.

The registered manager shared any learning from incidents and events with the staff team. This included any accidents, complaints and updates to practice. Staff told us they did this through team meetings and the communication book. They told us they felt well informed. The registered manager told us that they also evaluated their action following any significant event. For example, the service had recently experienced a flood and they told us that after reviewing how they carried out the evacuation of people, ensured people's safety and welfare and still ensured people's needs were met, that they were proud of what they achieved and could not see how it could have been improved upon. A relative also told us, "We were very impressed by the way that all the staff rallied round during, and after, the flood at Hitchin Road which occurred a few weeks ago." However, they also told us that they were disappointed that the refurbishment, following the water damage, was taking so long. The quality manager had also congratulated the team on a seamless

evacuation in a high stressed situation and felt this had been managed to a high standard. This indicated that the continuity plans in place were effective and further demonstrated that the staff team knew people well.

People were unable to tell us if they felt the home was well led. However, we saw that people clearly knew the registered manager well and it was normal for them to be around the home. Relatives told us they felt the home was well run. Health and social care professionals also told us that they felt the home was well run. They told us that the registered manager and team were well organised.

Staff were also positive about the leadership in the home. One staff member said, "She's approachable, always around the house, can always go to her or [senior support worker]." Another staff member told us, "[Registered manager] is out around the house, that's why I respect her. and everyone listens to her."

People had access to the community and this was something that the registered manager felt had improved and made them proud. They told us, "The outings are so individualised, they're not en-masse." They went on to give us examples of how this had positively impacted on people, such as one person who now was more alert and talked more. Relatives told us that they felt people had plenty of opportunity to go out to a varied range of venues.

Some of the staff had become champions in key areas such as food and healthy living, infection control and dignity. We saw from team meetings that staff were empowered to take on roles to help with the smooth running of the home and develop their skills and knowledge. For example, roles including facilitating resident's meetings or monitoring health and safety. The registered manager told us that they were proud of the service they offered and of their staff team, they felt the care was people focused and their priority was the happiness and welfare of the people they supported. They told us, "I'm so proud of the relationships staff have with our service users, their knowledge and how they advocate for them." Staff also told us they were proud of the care shown to people and that 9 Hitchin Road felt like 'home'. One staff member said, "I was really welcomed, I love it here. Everyone is made to feel special, residents first, then the staff."