

Life Path Trust Limited

Life Path Trust Limited - 2 Ellys Road

Inspection report

2 Ellys Road
Coventry
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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?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 13 July 2015. The inspection was unannounced.

Ellys Road is registered to provide accommodation to a maximum of ten people. Life Path Trust is a charitable organisation that offers a range of services to people with learning disabilities. Ellys Road is a respite service providing accommodation to people with learning

disabilities for a short period of time. It enables people to access supported activities and holidays away from their own home. There were five people staying at the service at the time of our inspection.

A requirement of the provider's registration is that they have a registered manager. 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

Summary of findings

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. At the time of our inspection there was a registered manager at the service. We refer to the registered manager as the manager in the body of this report.

People and their relatives told us they felt safe with staff at Ellys Road, and that staff treated them well. Staff understood their responsibilities to keep people safe and protect them from abuse, they were confident the manager would act appropriately to protect people from harm.

The provider had recruitment procedures in place that made sure staff were of a suitable character to care for people safely. There were enough staff to support people safely, and staff had the support and training they required to effectively meet the needs of people who used the service.

Medicines were stored and administered safely, and people received their prescribed medicines as intended. People received healthcare that met their needs.

People and their relatives thought staff were kind and responsive. People enjoyed taking part in interests and hobbies that met their individual needs and preferences. People who stayed at Ellys Road maintained links with friends and family who visited them at the home when invited, and people's privacy and dignity was respected.

Management and staff understood the principles of the Mental Capacity Act 2005 (MCA), and supported people in line with these principles. People were able to make everyday decisions themselves, which helped them to maintain their independence.

Staff, people and their relatives felt the manager was approachable. Positive communication was encouraged and identified concerns were acted upon by the manager and provider. Staff were supported by the manager through regular meetings.

People told us they knew how to make a complaint if they needed to. The provider monitored complaints to identify any trends and patterns, and made changes to the service in response to complaints.

People were supported to develop the service they received by providing feedback in a number of ways including quality assurance questionnaires and discussion groups. The provider acted on the feedback they received to improve things.

There were procedures in place to check the quality of care people received, and where issues had been identified the provider acted to make improvements.

Summary of findings

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.

People felt safe with staff. People received support from staff who understood the risks relating to people's care and supported people safely. Staff knew how to safeguard people from harm. People were protected from the risk of abuse as the provider took appropriate action to protect people. Medicines were managed safely, and people received their prescribed medicines as intended.

Good



Is the service effective?

The service was effective.

People were supported by staff who received training to help them undertake their work effectively. The rights of people who were unable to make important decisions about their health or wellbeing were protected, as mental capacity assessments were undertaken to identify when people could make their own decisions. People were supported to access healthcare services to maintain their health and wellbeing.

Good



Is the service caring?

The service was caring.

People felt supported by staff who they considered kind and caring. Staff ensured people were treated with respect and maintained their dignity at all times. People were able to make choices about how to spend their time, and these were respected by staff. People were encouraged to maintain their independence, and they had privacy when they needed it.

Good



Is the service responsive?

The service was responsive.

People and their relatives were involved in decisions about their care and how they wanted to be supported. People were given support to access interests and hobbies that met their preferences. The provider analysed feedback and complaints, and acted on this to continuously improve the service.

Good



Is the service well-led?

The service was well-led.

Managers supported staff to provide care which focused on the needs of the individual. Staff felt fully supported to do their work, and people who used the service felt able to speak to the manager at any time. The manager was approachable, and both the manager and staff were given support from the provider. There were procedures to monitor and improve the quality of the service.

Good



Life Path Trust Limited - 2 Ellys 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 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection visit took place on 13 July 2015 and was unannounced. We inspected this service with one inspector.

We asked the provider to send to us a Provider's Information Return (PIR). The document allows the provider to give us key information about the service, what it does well and what improvements they plan to make. We were able to review the information as part of our evidence when conducting our inspection.

We observed the care and support provided in communal areas to the people who stayed at Ellys Road. We spoke with three people who used the service, and three relatives of people who used the service.

We looked at the records of three people who used the service and looked at two staff records. We also reviewed records which demonstrated the provider monitored the quality of service people received.

We spoke with the manager, and three members of care staff.

We reviewed information we held about the service, for example, notifications the provider sent to inform us of events which affected the service. We looked at information received from commissioners of the service. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

Is the service safe?

Our findings

All the people we spoke with told us they felt safe. We saw people were relaxed with staff and the atmosphere at the home was calm. One person told us, “Yes, I feel safe.” They added, “It’s a nice house.” Another person indicated to us with hand gestures that they were happy there. Relatives told us they felt people were safe at the service. One relative said, “[Name] is always so happy to go there, I’m confident people are safe with staff.”

The provider protected people against the risk of abuse and safeguarded people from harm. Staff attended regular safeguarding training and told us the training assisted them in identifying different types of abuse. They said that they would not hesitate to inform the manager if they had any concerns about anyone and were confident the manager would act appropriately to protect people from harm. All the current staff we spoke with knew and understood their responsibilities to keep people safe and protect them from harm.

People were protected from abuse because the provider recruited staff who were of good character to work with people at the home. Staff told us, and records confirmed suitable recruitment practices were followed to ensure staff were of good character. For example, checks on criminal records, identification checks and references were sought before staff were employed to support people.

The manager had identified potential risks relating to each person who used the service, and plans had been devised to protect people from harm. Risk assessments were detailed, up to date, and were reviewed regularly. Risk assessments gave staff clear instructions on how to minimise risks to people’s health. For example, one person sometimes displayed agitation and tried to harm themselves if they became upset. Risk assessments detailed what triggered the person’s agitation, and what might calm the person. Staff followed these procedures during our inspection. The measures taken calmed the person and minimised the risk of them harming themselves.

People were encouraged to take some risks described as ‘positive risk taking’. Risk assessments contained detailed instructions for staff so they could support people to

develop their life skills and maintain their independence safely. For example, one person liked to cook meals. The person was encouraged to work alongside staff preparing meals to improve their culinary skills. Staff made sure the person learned in a safe way how to use hot surfaces and knives. We saw the person made ‘Chilli con Carne’ on the day of our inspection, which people at the home enjoyed as their midday meal.

The provider had contingency plans for managing risks to the delivery of the service. These minimised the risk of people’s support being delivered inconsistently. Emergencies such as fire or staff absences were planned for. For example, there was a daily procedure to backup records and files on the computer, so any disruption to people’s care and support was minimised.

People told us, and we saw, there were enough staff available to meet people’s needs safely. One person said, “There are enough staff. There’s always a staff member up at night too if we need anything.” Staff had time to sit and talk with people and spend time chatting with them. Care staff told us there were enough staff available at the home to meet people’s needs as well as supporting people with activities within and outside the home. One member of staff told us, “There are always enough staff on duty, staff are organised according to each person’s needs.”

Staff administered medicines to people safely. Staff told us they received regular training to support them in administering medicines, which included checks on their competency. The care records gave staff information about what medicines people required, why they were needed, and any side effects they needed to be aware of. There were procedures in place to ensure people did not receive too much, or too little medicine when it was prescribed on an ‘as required’ basis.

Specific medicines procedures were in place to monitor medicines for people who stayed for short periods of time at the home. For example, medicines for each person were checked when they arrived at the home, daily checks were undertaken to check people received their medicines, and checks were undertaken on medicines before people left the service. People we spoke with told us they received their medicines safely.

Is the service effective?

Our findings

People we spoke with told us staff had the skills they needed to support them effectively.

Staff told us they received induction and training that met people's needs when they started work at the home. One member of staff said, "The induction training covered lots of things including the common induction standards, and gave me all the skills I needed. "The manager explained the service used a recognised induction programme designed by 'Skills for Care', which is an organisation that provides information to employers, and sets standards for people working in adult social care. Staff told us in addition to completing the induction programme; they were regularly assessed to check they had the right skills and attitudes required to support people. We observed staff using specialist skills, for example, different communication techniques with people depending on the needs of each person. Staff said the manager encouraged them to keep their training up to date. We saw the manager kept a record of staff training and when training was due, so that attendance was monitored. One member of staff told us, "Training is regularly organised to keep my skills up to date."

Staff told us the provider invested in their personal development, as they were supported to achieve nationally recognised qualifications. They also received specialist training to assist the people they supported more effectively. For example, some members of staff attended training on epilepsy and autism. We saw a recent initiative had been undertaken by the provider to recognise staff members as 'Dignity Champions'. Staff had training in how to treat people with respect and dignity. Dignity champions promoted good practice in the way they worked with people, and supported other members of staff to work in the same way. One of the core elements of the dignity training was to recognise people as individual's and to recognise the 'mum's test'. The 'mum's test' is where staff consider whether the support they provide would be considered good for a member of their own family. One staff member told us, "I would have my family come here."

We found staff were supported using a system of meetings, observations, and yearly appraisals. Staff told us regular meetings with their manager provided an opportunity for them to discuss personal development and training requirements to keep their skills up to date. One staff

member told us, "In my last appraisal we discussed me doing a specialist course on communication techniques, we talk about training and development and my goals." Regular meetings enabled the manager to monitor the performance of staff, and discuss performance issues. The management also undertook regular observations of staff performance to ensure high standards of care were met and staff were delivering the care expected. This was confirmed by staff we spoke with.

Staff told us they had an opportunity to read care records and a handover record at the start of each shift. They also had a verbal handover and this updated them with any changes since they were last working. One member of staff said, "The handover gives me the information I need to know what is going on." Staff explained the records supported them to provide effective care for people because the information kept them up to date with any changes to people's health and wellbeing.

We observed people could get food and drinks throughout the day, when they wanted them. One person told us, "We can have snacks at night too if we want." People told us they had meetings with staff where menu choices were discussed. The staff told us, "People are free to choose what they like to eat. They have access to the kitchen to prepare their meals and drinks. We also prepare meals or drinks for people who are not able to do this for themselves." One person confirmed, "Yes, the staff get me what I want to eat."

We saw staff supported people at mealtimes when people were eating or preparing food. One member of staff explained how they supported one person who was at risk of choking by using specialist skills they had learned on their training, they said, "We watch what they eat and how they swallow their food to make sure they are not at risk." Staff knew when to take action and what to do if the person started to choke.

We saw people had foods that met their health needs and matched the information in their care records, for example, specialist meals for people who were on a 'soft' diet or low sugar diet. This supported people to maintain a nutritious and healthy diet. One staff member said, "People have different dietary preferences, and have different health conditions. We shop accordingly." Care staff explained how they encouraged people to make healthy choices and to

Is the service effective?

vary their diet by buying a range of foods, for example, foods with low sugar content. One person confirmed this, they said, “Staff help me with understanding healthy food choices.”

The rights of people who were unable to make important decisions about their health or wellbeing were protected. We saw staff understood the legal requirements they had to work within to do this. The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) set out these requirements that ensure where appropriate; decisions are made in people’s best interests when they are unable to do this for themselves. Staff demonstrated they understood the principles of the MCA and DoLS. They gave examples of when they had applied these principles to protect people’s rights, for example, asking people for their consent and respecting people’s decisions to refuse care where they had the capacity to do so. We saw staff asked for people’s consent before they assisted them during the

day. Whilst no-one had a DoLS in place at the time of our inspection, we saw the provider made DoLS applications to the appropriate authorities where these were required. Procedures were followed to ensure that people were not unlawfully deprived of their liberties.

Staff and people told us they worked with other health and social care professionals to support people if this was required during their stay at the home. One member of staff said, “People keep their own GP and health professionals whilst they are with us.” Staff supported people, by accompanying them, to see health care professionals such as the GP, dentist, and nutritional specialists where needed. One member of staff told us, “Professional medical advice is recorded when people attend a medical appointment whilst they are staying with us. This is so the information is transferred properly.” This showed the provider worked in partnership with other professionals for the benefit of the people they supported.

Is the service caring?

Our findings

All of the people we spoke with and their relatives, told us staff treated them with kindness, and staff had a caring attitude. One person told us, "I'm happy here." One relative told us, "[Name] really enjoys it there, they love the staff."

We observed staff had a good rapport with people which encouraged good communication and interaction. One member of staff said, "I really have time to spend with people, it's a home from home." People who lived at the home showed confidence and familiarity with staff and with each other. Staff spoke with people in respectful, positive ways using their preferred name and asking people's opinion and preference before supporting them with tasks. A staff member told us, "Ellys Road has long serving staff and we get to know people. I really enjoy my role and working with people here." They added, "The organisation cares about their staff, and are very supportive."

People had privacy when they needed it. People had their own rooms which they could lock if they wished to. People told us they could choose where to spend their time, and be on their own if they wanted to. We saw staff asked people discretely whether they needed support with their personal care and supported people with personal care in the privacy of their bedroom or bathroom.

People told us staff treated them with respect and dignity. People said care staff asked them how they wanted to be supported, and respected their decisions. One relative said, "They treat [Name] with respect." A staff member told us, "When we are supporting people with personal care we treat people with respect. We chat to people and treat them as individuals. We make sure doors and curtains are closed for privacy." They added, "People can refuse things if they want to."

We saw people at the home made their own choices, and their preferences were respected by staff. When we arrived at the home at 9.30am we found two people were already out visiting a day centre, two people were up and having their breakfast, and one person was still in their bedroom. People made choices about when they got up, and where they spent their time in the home. We saw one person was

listening to the radio, and another person was watching television. We saw later that one person went out to attend a course at the local college, and another person cooked a meal. One person told us, "I can go out and do my own shopping if I want to."

People told us they could have people that were important to them visit them at the home. One relative said, "I can visit whenever I like, I am always made welcome." This supported people to maintain relationships with family and friends whilst staying at the home. Family members were also included in events at the home. We saw events at the home included coffee mornings and seasonal activities which people and their family were invited to. One relative told us, "Ellys Road encourage family involvement. I volunteer at the home and work in the Garden."

People and their relatives were involved in care planning, and made decisions about how they were cared for and supported. For example, people had a meeting before they came to the home to discuss their 'goals' for their stay. Each person had an individualised plan of what they wanted to do whilst they were at the home, and what they wanted to achieve. A relative told us, "[Name] choses what they want to do in their 'goal' meeting, this might be trips out or a holiday."

People were provided with information in 'easy read' formats by the provider, for all key documents that were used. For example, planning documents and support plans were prepared using large print and pictures to make them accessible to people. Documents provided in this way gave people the opportunity to take part in meetings and provide feedback to the provider, appropriate to their abilities to communicate. This helped people to maintain their involvement and independence.

People told us staff supported them to maintain their independence and develop independent living skills. One person told us they were on a waiting list to go into a supported living service, and they were supported to make decisions for themselves at Ellys Road. One staff member said, "We make sure people are encouraged to do what they can themselves, we encourage positive risk taking, to expand people's life skills."

Is the service responsive?

Our findings

People told us the service supported them with their personal interests and hobbies. One person we spoke with told us about their hobbies and interests. They said, "I do crafts as a hobby, the staff here have just supported me with making a birthday card." They added, "I've also been on holiday with Ellys Road before, we've been to Suffolk and the Norfolk broads." We saw photographs were on display around the home which showed people enjoying some of the activities. The photographs showed people spending time at the beach and with friends. People told us these photographs were important to them to remind them of their experiences, and to share with friends and relatives when they visited them.

Each person had an individualised activities plan for their stay at Ellys Road, which was drawn up with the person and their families. The activities plan was based on the person's own goals. For example, one person was attending courses at a local college to enhance their computer skills, other people were supported to attend day centres to meet friends, and another person had a trip planned to attend the cinema.

Staff knew people well, and could describe the different activities people enjoyed. One person liked collecting magazines, and another person liked visiting restaurants. We saw the information staff gave us, matched the information in people's care records, and what people told us. People and staff at the home told us trips out helped people to maintain their independence, and people could go out wherever they wished.

The provider responded to people's specific needs, by maintaining links with groups in the local community, to meet people's preferences and provide activities for people during their stay. For example, the service maintained links with several charities which gave people access to community groups. We saw one person attended a local community group for people with learning disabilities. Information was available at the home about local community groups, and days out.

People told us all their likes and dislikes were discussed so their plan of care reflected what they wanted. We saw records detailed people's likes and dislikes and their support needs and differed from person to person meaning people's individual needs were listened to and supported.

For example, one person preferred to have baths rather than showers. This was recorded in the care plan. The person told us, "I always like to have a bath." We saw that the person was supported by staff to have baths rather than showers during their stay.

The provider used pictures and graphics to help people understand information and to express their views about the care and support they received. The files included personal photographs, people's hobbies and interests, and up to date risk assessments. We saw care plans were up to date and reviewed regularly. We observed how people were cared for, and saw people's care matched the information in their care records. One staff member told us, "We know all about people because we have time to read the care plans, either at the start of our shift, or when anyone new comes to the home."

People told us they were involved in meetings at the home to discuss their care and decisions about how the home was run. For example, meetings involved discussions about holidays and food choices. Staff explained meetings were held weekly, and people were asked whether they were happy at the home, or whether they would like anything to change. We saw the manager responded to decisions made in the meetings, by arranging activities and menu choices that people preferred.

People who used the service told us they knew how to make a complaint if they needed to. One person said, "If I have any worries I write it in the book, or let the staff know." The provider's complaints information was displayed on 'easy read' cards in the reception area of the home. The complaints policy was included on the provider's website in an 'easy read' version so that anyone with access to the internet could read it. People told us they felt confident about raising any concerns they had. One person told us, "If I had any worries I would just say something." A relative told us, "I have no complaints whatsoever, but if I did I know how to make a complaint, and feel confident things would be sorted out straight away."

Records confirmed that complaints were investigated and responded to in a timely way by the manager. Complaint investigations included speaking to the person who had made the complaint to discuss their concerns. All complaints were logged and reviewed by the management team to identify trends or patterns, or areas that might require improvement. Actions were taken to improve the service where required.

Is the service well-led?

Our findings

People, relatives and staff told us they could speak to the manager when they needed to because the manager worked alongside staff at the home and was approachable. One member of staff told us, “I enjoy working here, staff are so helpful and it’s a real team. The manager is supportive and approachable.”

There was a clear management structure in place and staff told us they received regular support and advice from the manager. There was also a 24 hour on call advice service if required. One staff member said, “The manager is very approachable, but if I wanted to I could also contact a director, they are also very easy to approach.”

The provider had clear aims and values and had communicated them to people who used the service. The mission statement was displayed in the offices, in leaflets and on the website. The mission statement was, “To enable people with learning disabilities to live their lives to the full”. The aim was to provide people with the best support and services, to enable them to feel valued and achieve their dreams. The values of the organisation were opportunity and inclusion, independence, rights and choice. The values and the mission statement of the organisation had been discussed in meetings with people who used the service to gain their input in developing how the values could be put into practice. Staff told us the values of the service were communicated to them through training and the staff handbook. We saw these values were demonstrated in the way people were supported.

Life Path is a charitable organisation run by a board of trustees. People were involved in the running of the service as part of the organisation’s values. The provider had created a citizen’s board comprised of people who used Life Path. The citizen’s board reviewed people’s comments and ideas about how the service was run, and presented the information to the board of trustees. The citizen’s board supported people to take part in the running of the service, and people had a say in how services were delivered through this forum. For example, the citizen’s board had been involved in a recent recruitment for a Director of the service.

People were asked to give feedback about the quality of care they received to input into the citizen’s board and other discussion forums. Everyone who used the service

and key stakeholders were asked to attend or contribute to the Annual General Meeting of the charity. People were invited to attend regular meetings where they were asked for their comments and views. The home ran yearly quality assurance questionnaires as confirmed in the PIR, which were completed by people who used the service and their relatives. We reviewed the latest questionnaire which had been analysed by the provider. The questionnaire showed people were highly satisfied with the service, one comment said, “My views are always asked for.”

The provider also asked people about their experience at Ellys Road after their stay, they telephoned people to get their feedback and gave people short term evaluation questionnaires. One person told us, “They give us an evaluation form when we leave, I take it home and fill it in before sending it back in the post.”

We saw that where the provider received feedback on how the quality of the service could be improved at Ellys Road, they acted on the feedback. For example, one person commented that information did not always get passed on to the manager, the manager had introduced a system for recording messages in a communication book so that information was always relayed.

The provider also asked for feedback from health and social care professionals about the quality of the service, to see where improvements could be made. We looked at feedback that had recently been gathered from professionals. Comments included, “This is just the service we need.”

“They go the extra mile to re-assure people in difficult circumstances, and really care.

I have seen a number of people really progress and develop their independence, two of which have now moved on to live in their own accommodation.” Feedback was positive from other professionals.

Staff had regular scheduled meetings with the manager and other senior team members, to discuss how things could be improved. One member of staff told us, “We have meetings every six weeks.” They added, “We discuss improvements, they are definitely open to our ideas, they really do care.” The meetings were recorded and where improvements or changes had been suggested these improvements had been written into an action plan which was followed up by the manager at subsequent meetings. This showed the provider responded to feedback from staff.

Is the service well-led?

Information about the running of the service was accessible to people. For example, inspection reports, the annual report and customer satisfaction surveys were available on the website. All the reports we viewed on the website were in 'easy read' styles to help people understand the information. People also received regular news and feedback about the service through a newsletter. The most recent newsletter contained information on how to make a complaint, and information on holidays. People were asked to contribute to the newsletter and share their experiences.

The provider had sent notifications to us about important events and incidents that occurred at the home. The manager also shared information with local authorities and other regulators when required, and kept us informed of the progress and the outcomes of any investigations. Where investigations had been required, for example in response to accidents, incidents or safeguarding alerts, the manager completed an investigation to learn from incidents. The investigations showed the manager made improvements, to minimise the chance of them happening again.

The provider completed checks to ensure the manager and staff at the home provided a good quality service. The provider completed audits in areas such as medicines management, health and safety, and care records. We saw the provider also made unannounced visits to the home to check quality. Where issues had been identified action plans were put in place to make improvements. For example, following a recent infection control audit changes

had been made to hand washing facilities. Action plans were monitored by the provider to ensure actions had been completed. This ensured that the service continuously improved.

The manager told us they received support from other senior managers at Life Path, and from the provider. Senior managers visited the service every two months to offer support and advice, and to perform quality assurance checks. The manager told us the organisation supported them to attend management training courses, conferences, and accredited courses to enhance their learning. The manager was also supported to visit other respite services to gain information about the wider care sector, which could improve the service at Ellys Road. The manager attended regular meetings with other managers to share ideas and give support. The manager explained they cascaded their learning to other members of their team, to keep the team up to date with changes in the care sector. This helped to improve the quality of the service at Ellys Road. For example, the manager was involved in developing new interview techniques for the recruitment of staff, to ensure future staff had the correct values and attitudes.

The provider obtained advice and support from other independent organisations to improve the quality of its service. For example, the provider consulted the Practical Quality Assurance System for Small Organisations (PQASSO) to continually improve its quality monitoring procedures. The PQASSO is a leading quality standards organisation developed for charitable services. It provides advice on how organisations can make their systems more efficient and how to make continuous improvements.