

Ordinary Life Project Association(The) Ordinary Life Project Association - 17 Berryfield Road

Inspection report

17 Berryfield Road
Bradford On Avon
Wiltshire
BA15 1SU

Tel: 01225864397

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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:

17 Berryfield Road is a care home for up to four people with a learning disability. Four people were living in the home 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 Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used positive behaviour support principles to support people in the least restrictive way. No restrictive intervention practices were used.

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. People received good support to take any medicines they were prescribed and to manage their health conditions.

People had been supported to develop care plans that were specific to them. These plans were regularly reviewed with people to keep them up to date.

The management team provided good support for staff. The provider's quality assurance processes were effective and resulted in improvements to the service.

More information is in Detailed Findings below.

Rating at last inspection and update

Requires Improvement. Report published 12 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 14/05/2019. 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 good governance.

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.

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 Ordinary Life Project Association - 17 Berryfield Road 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 ●

Ordinary Life Project Association - 17 Berryfield Road

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:

17 Berryfield Road is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The 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 unannounced.

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 met two people who used the service and observed their interactions with staff. We looked at three people's care records. We looked at a range of records about how the service was managed. We spoke with the registered manager and two support staff.

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

At the last inspection improvements were needed in the way risks were assessed and managed. Records of actions staff should take were not always clear.

Enough improvement had been made at this inspection and risks were well managed.

- Risk assessments were in place to support people to be as independent as possible. The plans balanced protecting people with supporting them to make choices about how they lived their life.
- People and their representatives had been involved in assessing risks and their views were recorded. The assessments and action plans had been reviewed and updated following the last inspection. The plans contained clear information about the support staff needed to provide to support people to manage the risks they faced. Staff demonstrated a good understanding of these plans, and the actions they needed to take to keep people safe.
- 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. The plans had been reviewed following the last inspection and updated where necessary.

Using medicines safely

- Medicines were securely stored in a locked cabinet.
- People were supported to take the medicines they had been prescribed. Medicine administration records had been fully completed, which gave details of the medicines people had been supported to take.
- Where people were prescribed 'as required' medicines, there were clear protocols in place. These stated the circumstances in which the person should be supported to take the medicine.
- Staff had received training in safe administration of medicines and their practice had been assessed, to ensure they were following the correct procedures. Training included the administration of rescue medicine, which one person was prescribed for use in the event of a prolonged seizure.
- Staff checked the medicines daily and the manager audited them each month. This helped to ensure any discrepancies were picked up early and appropriate action taken.

Systems and processes to safeguard people from the risk of abuse

- The service had safeguarding systems in place and staff spoken with 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.
- There had not been 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 such events. Action was taken to reduce the risk of similar incidents happening again.
- Staff took part in reflective practice where necessary following incidents. This was used to reflect on what had happened and assess whether different actions would have resulted in better outcomes for people.
- Accidents and incidents were reviewed by senior managers to ensure appropriate actions had been taken. Learning was shared across the provider's other services where relevant.

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, including training in the administration of rescue medicine.
- We observed staff responding promptly when people needed assistance. Staffing levels were sufficient to support people to take part in activities they enjoyed.
- The registered manager reported all 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. Checks were also completed of staff recruited to work in the service through an agency.

Preventing and controlling infection

- All areas of the home were clean and smelt fresh. There were systems in place to prevent cross contamination, which we observed staff following.
- There was a supply of protective equipment in the home, such as gloves and aprons, and staff were seen to be using them.

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.

Enough improvement 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. The registered manager had taken action to ensure all plans contained up to date information and had been reviewed with people.
- Where relevant, specialists had been involved in developing care plans with people. An example included input from the community nursing team to develop specific epilepsy plans for a person.
- Staff demonstrated a good understanding of people's needs and the support set out in their care plans.

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 to support people included using objects of reference, signs and gestures, and written documents made more accessible through the use of symbols and pictures.
- We observed staff using these different methods of communication throughout the inspection.

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 were supported to take part in a range of activities they had chosen. People were supported to plan one to one activities and some people attended a local day service.
- Staff supported people to plan holidays and attend other special events.
- People had activity plans which had been made more accessible through the use of symbols and pictures. This helped people to choose activities they wanted to participate in. The registered manager reported staffing levels were flexible to enable people to participate in activities.

Improving care quality in response to complaints or concerns

- The complaints procedure was given to people when they moved in and displayed in the service. The procedure was available in a version with pictures and symbols to make it easier to understand.

- 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, were aware of good practice and guidance in end of life care. People's religious beliefs and preferences were respected and included in care plans.

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 the provider had failed to ensure records in relation to people's care were up to date, accurate and clear. This was a breach of regulation 17 (Good governance) 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 17.

- Following the last inspection, the registered manager had taken action to review care planning and risk management documents with people. Changes had been made where necessary and plans had been updated and amended.
- The provider had effective quality assurance systems in place. These included reviews of care records, medicine records, care plans, staff files and feedback from people. Senior managers visited the service regularly as part of their assessments.
- The service had effective systems to manage risks to people, staff and members of the public.

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

- The service involved people, their families and others effectively in a meaningful way. The registered manager responded to feedback.
- 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 were positive about the registered manager and felt the service was well managed. Staff felt they were able to have open conversations with the registered manager and agree how to move the service forward.
- The registered manager was aware of their responsibilities under the duty of candour.

Working in partnership with others

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

- 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.