Life Opportunities Trust

Life Opportunities Trust - 6a Sewells

Inspection report

6a Sewells
Welwyn Garden City
Hertfordshire
AL8 7AQ

Tel: 01707321344
Website: www.lot-uk.org.uk

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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

Summary of findings

Overall summary

This inspection was carried out on 1 December 2015 and was unannounced.

Life Opportunities Trust- 6a Sewells provides accommodation and personal care for up to seven people with varying learning and physical needs. There were seven people living at the service on the day of our inspection.

There was a registered manager in post, however, they were on a temporary secondment for the organisation in a different role and the home was being managed by an acting manager. A registered manager is a person who has registered with the Care Quality Commission (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.

At the last inspection on 3 June 2013, the service was found to be meeting the standards. At this inspection we found they had continued to meet the standards. However, the home did not always send notifications to the CQC as required and this was an area that required improvement.

The Mental Capacity Act (2005) provides a legal framework for making particular decisions on behalf of people who may lack 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. Where they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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 in line with the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that most people living at the service were able to make their own decisions and those who were unable had their capacity assessed. The manager and staff understood their roles in relation to DoLS. DoLS applications for people who received constant supervision were pending an outcome.

People told us that they received care that met their needs in a way that they preferred. People were involved in planning their care and deciding how they spent their time. Activities were based around people's hobbies and interests.

People were positive about the food and were involved in preparing meals. There was regular health and social care involvement. People were positive about the staff and there were established relationships between people and staff. Staff knew people well. People's feedback was sought and complaints were acted

upon.

Staff had received appropriate training and supervision. There was effective leadership and guidance in the home. There were systems in place to monitor the quality of the service and address any issues identified.

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.

People were supported by sufficient numbers of staff.

Medicines were managed safely.

Is the service effective?

Good

The service was effective.

People were supported by staff who had received the appropriate training and supervision.

People's ability to make decision was assessed as needed and the correct process followed.

People were supported to eat and drink sufficient amounts.

People received regular health and social care support.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect.

People's strengths and qualities were celebrated.

People were involved in planning and reviewing their care.

Is the service responsive?

Good

The service was responsive.

People's care needs were met and care plans gave clear guidance to staff.

Activities were based around hobbies and interests.

People's feedback was sought and complaints responded to appropriately.

Is the service well-led?

Good

The service was well led.

The manager did not always send notifications of notifiable events to the CQC as required.

People were positive about the manager and leadership.

People were invited to be involved in the quality assurance processes for the provider.

There were systems in place to monitor the quality of the service.

Life Opportunities Trust - 6a Sewells

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.

This visit took place on 1 December 2015 and was carried out by one inspector. The visit was unannounced. Before our inspection we reviewed information we held about the service including statutory notifications relating to the service. Statutory notifications include information about important events which the provider is required to send us.

Before the inspection, the provider 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.

During the inspection we spoke with four people who lived at the service, two members of staff, the acting manager and the quality and compliance manager. We received feedback from social care professionals. We viewed two people's support plans.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us due to complex health needs.

Good

Is the service safe?

Our findings

People told us they felt safe living at the service and they were comfortable to speak with staff if they were worried about anything. Staff knew how to identify and report any concerns in relation to people's safety or allegations of abuse. One staff member told us, "I'd report to my manager or higher in the organisation, failing that I'd report to [The local authority] or the CQC." Staff knew where to find information on outside agencies. The service had an up to date copy of the local authority's safeguarding policy and whistleblowing information was displayed.

People had individual risk assessments in place to ensure they could live life and risks to welfare would be reduced. For example, receiving the appropriate support and encouragement to enable a person to go out alone when they had previously been unable to. We saw that these risks had been discussed with people and they had signed to acknowledge risk reduction plans. Accidents and incidents were recorded and reviewed to ensure all appropriate steps to reduce a reoccurrence had been taken. This information was then shared with the provider. Staff told us that they were informed of any actions to reduce risks at team meetings and supervisions.

People told us they felt there were sufficient staff available to meet their needs. We saw that people were supported in a timely manner and staff were able to spend time with them. Support was unhurried and provided at times to suit people's needs and schedules. The manager told us that there was currently one vacancy they were recruiting for but this was filled with a regular casual staff member. They also told us that sickness and holidays were covered by agency staff when needed and these staff were regulars at the service to maintain continuity of care. Staff also told us that vacancies were covered by agency staff who worked at the home. One staff member told us, "Sometimes the agency staff apply for a job here as they enjoyed working here." Staff told us that they rarely worked short staffed and they felt staffing levels met people's needs safely. The manager and staff also told us that if people's needs increased, the provider would allocate additional staffing hours to support the home until such time as the funding authority approved additional funding for extra staff. For example, if a person required one to one support.

Recruitment was managed by the HR department therefore files were held at head office so we were unable to review these. However, we were aware that the organisation followed a robust recruitment procedure which included receiving proof of identity, written references and a criminal records check.

People's medicines were managed safely. We saw that two staff administered and checked the medicines when they were dispensed. Medicines charts were completed consistently and there was a running total for boxed medicines. We counted two boxed medicines and found these to be correct. Bottles and boxes were signed and dated to indicate when opened to enable effective stock control. This helped to ensure that people received their medicines in accordance with the prescriber's instructions.

Good

Is the service effective?

Our findings

People told us they felt the staff were knowledgeable in their roles. We saw that staff had received appropriate training for their roles and this was updated regularly. Staff told us they felt they were given the opportunity for sufficient training and encouraged to develop their knowledge and skills. One staff member told us, "I have done my level two and three since being here, also an assessor's qualification."

People were supported by staff who received the appropriate supervision and guidance. We saw that regular one to one supervisions were held. The manager and a staff member who supervises staff told us that the one to one sessions cover all aspects of performance and any issues were passed on to the manager. Staff told us that they felt supported. One staff member said, "The new team leader [acting manager] is fabulous, really supportive."

People living at the service were encouraged to make their own decisions and they were given support with this when needed. People told us that they were able to make their own choices and staff were supportive of this. Where people were unable to make their decisions independently, mental capacity assessments were carried out and best interest meetings were held. Staff were clear on their role in relation to MCA and DoLS. One staff member told us, "People are entitled to make bad choices, we can advise them but ultimately it's their life."

People chose what they wanted for their meals and many people living at the service prepared their own meals. One person told us, "I peel the potatoes and [name] peels the carrots." We saw people in and out of the kitchen making snacks and drinks and a person who was going out for the day informed staff of what they wanted to take for lunch. One person told us, "The food is good." People were weighed monthly if they had agreed to it and people's food and fluid intake was monitored as needed. Where there was a concern, a referral was made to the relevant health care professional. For example, the GP, dietician or speech and language team (SLT). We saw that people who were at risk of choking were given the appropriate support and staff were provided with the relevant guidance.

People had regular access to health and social care professionals and there was record in each person's file so that at a glance they or the staff could see when they had last seen a chiropodist, optician or dentist. There were also records of annual health reviews and other support services, such as counselling, to support a person through a difficult time. This helped to ensure that people's health and wellbeing were promoted.

Good

Is the service caring?

Our findings

People's privacy and dignity were promoted. Bedroom doors were closed when they were in bed and when care was being delivered. Confidentiality was maintained. Records were stored securely and people were not discussed openly. We also saw that people were treated with respect and as individuals. Everyone was spoken to as an individual and their strengths encouraged. For example, one person was supported to welcome visitors into the home and show contractors round for jobs they needed to complete. This empowered people and let them take ownership of their home.

People told us that staff were kind and caring. One person said, "I like it here." We saw staff were attentive and showed consideration for people. For example, we heard one staff member say, "Shall I do your coat up for you; you don't want to catch a cold." People were involved and planning their care. Their preferences were recorded and observations of staff showed that they knew people well. For example, one person was worried about a family member and a staff member sat with them talking through their worries which demonstrated a good knowledge and understanding of the situation. The staff member did this in such a way that did not dismiss the person's concerns and helped them understand their relative's choices.

Care plans included information about what was important to people, relationships and life histories. There was also a section about people's gifts and strengths where staff had recorded what was great about the person. For example, how kind they were to others, their sense of humour and that they were the best person at colouring in at the home. The wording used was kind and thoughtful. One staff member told us, "I think we are good at making it personalised here, personalisation is my passion."

People were encouraged to maintain and make new relationships with their family, friends and the community. Relatives were welcomed at the home and people were supported to visit people outside of the home. This included visiting family members who were in hospital. Staff had positive relationships with people, throughout the inspection we saw people laughing and chatting with staff. For people who did not have family members, an advocate was requested.

Good

Is the service responsive?

Our findings

People told us that their needs were met in a way they liked. Care plans were written in a way that enabled people to review them and gave staff clear guidance. For example, picture format. The plans gave instruction on how to provide support in all aspects of people's lives. This included assisting people to be independent and when people needed full assistance. We saw that these were reviewed regularly and if any changes occurred. Information about people's needs was communicated through staff handover, team meetings and the communication book.

People were supported to participate in activities if needed and to attend day centres or local clubs on their chosen days. We saw that each person had their own schedule of events and there was a board displayed of suggested activities for people to do when in the home. One person told us, "On my day off I tidy my room and I like cooking too." Another person told us that they enjoyed painting and colouring in and they were supported to do this. They also told us, "Sometimes I cook the dinner and [staff member] helps me make chocolate pudding." They told us they really enjoyed this. We saw that people were supported to go out through one to one sessions with an outreach team and those who stayed at home were letter writing or having one to one reading time.

Activities that were provided were reflected in people's plans as interests and hobbies. Staff told us that they asked people what they wanted to do the coming week. One staff member said, "I sit with [person] and go through their plans, what they want to do and then make sure they staff are on duty to support them with it."

People were encouraged to have their say and give their views. One person told us, "They ask us what we like." We saw that there were regular resident's meetings where everyone's comments or reactions to subjects were recorded. Actions were developed following meetings on the basis of people's comments. For example, a regular outing to a particular town was organised for one person and different food bags were ordered for the kitchen following a complaint about being able to untie the bread bag. We also saw that survey responses for 2014 from people living at the home and their relatives were positive. Satisfaction surveys had recently been sent for the current year and were pending responses.

People were given information on how to make a complaint and they signed to say they had read it. People told us that they knew how to make a complaint and they would speak with their key worker or the manager if they had a complaint. We saw that complaints were managed appropriately and issues had been resolved. This included responding to a member of the public, inviting them into the home for a coffee morning after they had raised some environmental concerns.

Good

Is the service well-led?

Our findings

The manager had not always sent the required notifications to the CQC when there were notifiable events in the home. For example, medicine errors, manager absence or when police had attended the home. The manager told us that they had not been aware of the need to do so. They had reported incidents to the local authority and recorded the events on the PIR so had informed us but had been working in accordance with out of date information relating to CQC statutory notification requirements. The manager told us that they would send any future notifiable events to us with immediate effect.

The registered manager had been temporarily seconded by the provider to carry out another role for six months and an acting manager had been appointed. They had taken up the role in September 2015. People were positive about the manager and told us they found them to be approachable. One person said, "[Manager] is wonderful, lovely [person]." we noted that people frequently went into the office and they welcomed in and listened to by the manager. We also noted that the manager spent time in the home and had got to know everyone well in the short time they had been at the home.

Staff were positive about the manager and told us they had worked together to ensure a smooth transition and effective communication in the home. One staff member said, "[Manager] is really good and [senior staff member] is very good, excellent at the paperwork." They went on to say that the combination of this approach helped ensure strong leadership in the home. Another staff member told us, "I think they [the provider] are really good at empowering staff."

The registered manager was now working in the role of quality and compliance manager and was working with the provider's locations in the area to standardise processes and records. As part of this they were planning on holding a quality assurance day to involve people, their relatives and stakeholders in the plans for the services. One person who used the service told us that they had been invited by the quality and compliance manager to attend head office to discuss the progress of homes and what they could do better. They also said, "I've been asked to go out with [quality and compliance manager] to inspect all our homes to see how they are doing." This demonstrated a commitment to wanting to maintain standards and to actively involving people in the development of the service.

There were systems in place to monitor the quality of the service. These included medicine audits, health and safety checks and a monthly visit by the quality and compliance manager. Where issues had been identified through these checks, actions plans had been developed and completed. We saw that lessons learned or actions staff were required to complete were communicated at team meetings and the communication book.