Ordinary Life Project Association(The)

Ordinary Life Project Association - 19 Berryfield Road

Inspection report

19 Berryfield Road
Bradford On Avon
Wiltshire
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Tel: 01225868058

Date of inspection visit:
29 September 2016

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24 November 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 took place on the 29 September 2016 and was unannounced. At the last inspection on June 2014, we asked the provider to take action to make improvements on medicine management and quality assurance, and this action has been completed.

This service is registered to provide accommodation and personal care for up to three people with learning disabilities. At the time of the inspection there were two people living at the service.

A registered manager was in post. 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 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.

The people we spoke with told us they felt safe with the staff and their comments indicated they were helped to understand what safeguarding from abuse represented. Members of staff were knowledgeable about the procedures for safeguarding people from abuse.

Systems for managing risk were effective. People were able to take risk safely and staff knew the actions needed to minimise the risk to people's health and welfare.

Plans were in place in the event of an emergency which ensured people had continuity of care, for example in the case of an outbreak of fire.

Staffing levels were maintained with relief and agency staff and recruitment for permanent staff was in progress.

Medicines systems were safe. Medicine administration records (MAR) charts were signed by staff to indicate the medicines administered. Protocols were in place for medicines to be administered as and when required (PRN) by the person.

Staff responded to people in a person centred manner. Members of staff were committed to respecting people's rights and ensuring people remained independent. People received kind and compassionate care. For example, providing one person with a focus as their dementia progressed. Staff were supporting one person to develop their life story book to share memories and for reminiscing. The staff were motivated and inspired to meet people's goals. For example, helping one person to organise their birthday celebration and for another to support them with "foreign travel".

There were opportunities for staff to review individual personal development with the registered manager. Training courses were available monthly to the staff. One to one meetings with the staff were regular and were based on performance, concerns and training needs.

People were able to make decisions that involved their care and treatment. Mental Capacity Act 2005 (MCA) assessments were carried out for specific decisions such as flu vaccines, medicine administration and inserting hearing aids.

Meals were varied. People participated in menu planning and menus were in picture format. We found a good range of food which included fresh fruit and vegetables, tinned and frozen foods.

Systems were in place to ensure people received the care and treatment they expected. Care plans were person centred and included aspects of care people were able to manage for themselves and how they wanted staff to support them with their needs.

People told us they felt confident to raise complaints and they knew who to approach with their concerns. Their feedback about the service was gathered through one to one time and tenants' meetings.

Quality assurance arrangements in place ensured people's safety and well-being were monitored. The registered manager conducted internal audits and assessed the service. They told us where shortfalls had been identified action plans were developed on how to meet the set standards

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.

The staffing levels were being maintained with permanent staff as well as relief and agency staff. Sufficient levels of staff were deployed to meet people's needs.

Safe systems of medicine management were in place. Staff signed medication administration charts to show they had administered the medicines as prescribed.

Staff knew the procedures to follow if there were any allegations of abuse.

Risks were assessed and staff showed a good understanding of the actions needed to minimise the risk to people.

Is the service effective?

Good

The service was effective.

People were able to make day to day decisions. Mental Capacity Act (MCA) assessments were carried out to ensure people had capacity to make decisions about their care and welfare.

Members of staff benefit from one to one meetings with their line manager. Staff said the training delivered increased their skills to meet people's changing needs.

People's dietary requirements were catered for at the home

Is the service caring?

Good

The service was caring.

People benefitted from a person centred culture and the staff were committed to providing a service which put people at the centre of their care and treatment.

People were supported by a small team of staff who they were able to build trusting relationships.

Is the service responsive?

Good

The service was responsive.

Care plans reflected people's current needs and described how staff were to meet their needs.

People attended clubs, daytime activity centres and participated in household tasks.

People were aware of the complaints procedure

Is the service well-led?

Good

'The service was well led.

Systems were in place to gather people's views.

Members of staff worked well together to provide a person centred approach to meeting people's needs.

Quality assurance systems to monitor and assess the quality of service were in place and protected people from unsafe care and treatment.

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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 is 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.'

This inspection took place on 29 September 2016 and was unannounced.'

The inspection was completed by one inspector. 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.' We also reviewed information we held about the service, including previous inspection reports and notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us.

During the visit we spoke with two people, one staff and the registered manager. We spent time observing the way staff interacted with people who use the service and looked at the records relating to support and decision making for three people. We also looked at records about the management of the service

Good

Is the service safe?

Our findings

The two people living at the service told us they felt safe. One person told us there had been recent events when they did not feel safe living at the service. They told us the steps taken by the registered manager and staff to ensure they were safe from abuse and avoidable harm. The other person told they felt safe and the safe gave them a sense of security. The staff we spoke with were knowledgeable about the safeguarding from abuse procedures. They knew the types of abuse and that they must report alleged abuse. The registered manager told us there were no outstanding safeguarding referrals.

People were supported to take risk safely. A member of staff gave us examples of the actions taken to minimise risk. For example, ensuring female only taxis were booked for one person and moving and handling guidance for another person at risk of falls. Risk assessments were in place for one person who at times used wheelchair outside the home.

Malnutrition Universal Screening Tools (MUST) were used to assess one person's potential of developing malnutrition as their weight was low. The action plan was developed based on the score given from their combined weight and height.
The registered manager said people were encouraged to take risk safely. For example, it was one person's preference for staff not to accompany them on community based activities. Another person's preference was to maintain their independence and travel independently. The registered manager said they discussed the options available with the person and measures were put in place to minimise the risks.

Business continuity plans were in place to set out how the service would operate following an incident and how it expected to return to 'business as usual' in the quickest possible time afterwards. For example, guidance was included to staff on the management of services such as lack of water or gas heating.

The potential of a fire in the service was assessed and fire risk assessments developed. For example hazards and checks to be conducted to maintain a safe environment. Fire safety procedures included the testing and maintenance of systems. Evacuation procedures described people's ability to leave the home safely in the event of fire.

Reports of accident and incidents were completed by the staff. There were two accidents that occurred and were concluded to ensure there were no repeat occurrences.

The registered manager said the staffing levels were maintained with relief and agency staff as there were some long term staff absences. A member of staff said permanent, relief and agency staff were covering vacant shifts. They said the same relief and agency staff were used but the people enjoyed meeting new staff and were "receptive to the changes in staff". People told us the staffing levels were flexible and there was time for them to sit and chat with staff. The rota showed there was lone working except on day's activities were arranged.

People told us the staff administered their medicines. One person told us the purpose of their medicines

and the other person told us their medicines were administered in their bedroom by the staff. A member of staff said they had competency medicine training and systems for medicine administration were safe.

Medicine systems were safe. The medicine file included the person's photograph to assist with the identification of the person. Information leaflets which gave staff guidance on the purpose of the medicines and their side effects. For people administered with patches we saw a record on the site of the body where the patches were applied. Medicine administration records (MAR) charts were signed by staff to show the medicines administered.

A record of medicines no longer required was maintained which the pharmacist or their representative signed to indicate receipt of the medicines for disposal.

Good

Is the service effective?

Our findings

New staff received an induction to prepare them for the role they were employed. The induction programme completed for one member of staff included familiarisation of the house, roles and responsibilities of the role and routines of people. The mandatory training set by the provider attended included moving and handling, first aid, medicine, food safety and safeguarding of vulnerable adults from abuse.

Training courses were available monthly for staff to attend. We saw staff were invited to attend moving and handling training in July 2016 and first aid training in September 2016.

Members of staff had opportunities to discuss their personal development with the registered manager. The registered manager said one to one meetings happened eight weekly or more regular depending on house issues. They said annual appraisals were about to take place. A member of staff said they had monthly one to one meetings with the registered manager. They said during one to one meetings they discussed their performance, procedures and training needs.

"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 told us the types of decisions they were able to make. One person said they made decision about the method of travel, medical treatment and daily living decisions such as meals and clothes. Another person told us they made all their decisions. A member of staff said the people at the service had capacity to make all their decisions. For example, activities and maintaining contact with friends and family. They said staff explained the decision needed to be taken and they gained people's consent before delivering personal care.

The registered manager said one person had made an advance decision on how their care and treatment was to be managed as their dementia progressed. They said an advocate was appointed to support the person with decision making and the mental health team were involved.

People's capacity to make decisions about their medicines and personal care was assessed. We saw the staff were instructed to ensure one person was able to communicate when their capacity was assessed. For example, ensuring hearing aids were inserted. For another person their ability to make decision for personal care showed they had full capacity to make decisions.

Capacity statements for one person showed discussions had taken place over the self-administration of medicines. The person agreed with the decision for the staff to administer the medicines.

Menus were devised with pictures for the evening meal. People prepared their breakfast and made

individual choices about their lunch. We saw there was a supply of frozen, tinned and fresh fruit and vegetables. The range of food available demonstrated people had a varied diet.

People told us they had enough to eat and drink. One person told us they were able to make refreshments and snacks. A member of staff said people were involved in menu planning. They said on Sundays menu preferences for the following week were discussed with people. There was flexibility with the menus and people were served with alternatives if they didn't like the choices available.

Eating and drinking care plans were developed for one person with a medical condition that impacted on their food and fluid intake. The person was assessed as having partial capacity to make decisions about food and fluid intake. The care plan detailed the person's preferred times for eating meals, their likes and dislikes and the days the person had agreed they were to eat restricted foods.
For another person their eating and drinking care plan also included their likes and dislikes, their ability to prepare meals such as packed lunches and the assistance needed with adapted cutlery.

People told us the staff supported them with their ongoing healthcare needs. One person said the staff accompanied them on healthcare appointments. They said they had regular check-ups with the GP and at the hospital; they attended the memory clinic and had medicine reviews. A member of staff said staff organised healthcare appointments and social care professionals were also involved in people's care and treatment.

Health Action Plans were developed from the GP's annual health check-up and included the input from other healthcare professionals such as dentists, audiology and chiropodists. We saw for one person the GP had made a referral to the physiotherapist. This person said they had requested for their mental health review to be held at the home and copies of the reviews showed their trip to Europe was discussed.

"Grab" sheets to be used in the event of an emergency such as a hospital admission were developed. The "About Me" documents contained information about the person such as their preferred name. Also included were their specific needs and medicines administered.

Good

Is the service caring?

Our findings

People told us the staff were kind. One person said the staff used their preferred first name. Another person said "staff come into my room in the morning and put the music on. They say let's dance." This person explained the physiotherapist had advised exercise to maintain their levels of mobility. A member of staff said there were opportunities to sit and chat with people about their likes and dislikes. They said developing friendships were important as it helped to build trust.

People's social history and preferences about their care was gathered to ensure staff knew the people they were supporting. We saw for one person their social history was recorded, which included the events that led to their admission. Their day and night routines included the times they liked to rise and to retire, the activities attended and the assigned household tasks. For another person their "life history" also included the events that led to their admission, family dynamics and their contact details. Their daily routines included their likes and dislikes and their preferences on the delivery of care.

The staff responded to people's needs in a caring and meaningful manner. The staff were supporting one person who was living with dementia to develop a life story book. The book supported this person with reminiscing as their dementia progressed. We saw staff had traced documents such as school reports and childhood photographs of the person with friends. Visits to their school was arranged for the person to revisit their early year's history. This person told us they enjoyed the trip.

The registered manager said people's views were gathered during meetings such as tenant and keyworker meetings. Keyworker agreements for one to one meetings were signed by people. One person told us they had one to one time with their keyworker and went to the cinema, theatre and clothes shopping. Another person told us the staff had been helping them for two years to organise a birthday party for their significant birthday celebration. This person also told us that during their one to one time with their keyworker they had written the invitations to their party. Invitations were sent and the person was expecting the party to be well attended. They also told us that on the day of the inspection they had gone with staff to view venues for the party.

A member of staff said people's rights were respected. For example, ensuring people's preferences were respected and enabling people to make decisions. The registered manager said the staff were skilled and had attended privacy and dignity training. They said the staff respected people.

Anti-discriminatory action plans were developed which included the factors that apply for example, gender, the types of oppression and action plans for staff to seek feedback in a meaningful manner. People had agreed on the information to be included within copies of care plans held in their bedroom. The registered manager said it was to promote confidentiality and where people wanted to give the information to others such as visitors they were able to give the information verbally.

People made advance decisions about their funeral arrangements. For example, the music to be played at

their funeral service and how the contributions or tributes were to be managed.

Good

Is the service responsive?

Our findings

People were aware of their care needs and the assistance the staff provided. One person told us copies of their care plans were kept in their bedroom. They said the staff discussed their care plan with them and they signed the care plan to show agreement with the action plans. Another person told us in their care plan the staff had recorded their personal care needs. A member of staff said the care plans were developed by the keyworker [specific staff assigned to people]. The registered manager said care plans were reviewed three monthly and at staff meeting people's changing needs were discussed. They said staff amended care plans as people's needs changed.

The personal care plan for one person described their preferences on personal care. Within the care plans were the aspects of care the person was able to manage for themselves, how staff were to assist the person and the external agencies involved in the care and treatment.

The communication care plan described the how hearing loss affected the person, the way staff were to support them, the aids needed to improve communication and the health care professionals involved. Medicine care plans included the purpose of the medicines administered by the staff and side effects.

Care records were audited to ensure all relevant information was included. For example, personal information and risk assessments were in place and up to date and care plans were signed by people. Where there were shortfalls action was taken to ensure the information needed was included.

House diaries and individual diaries were used to record information. We saw that in the house diary staff had recorded appointments, checks to be undertaken and visits. Communication book were used by the staff to pass messages to each other. Individual diaries detailed the events of the day. For example, the times people rose and retired, the routine followed, the meals and activities undertaken.

Person centred plans were developed on the goals set by people. We saw for one person the range activities they would like to experience before their dementia progressed to a level they were not able to undertake them. For example to go on a "foreign holiday". This person said "I am going to fly. I've never flown before. I am going to Croatia". Other set goals included to travel by bus and train and two theatre visits per year. This person confirmed they had one to one time with their keyworker and went to the cinema, theatre and clothes shopping. For another person their goals included maintaining contact with family, baking and to participate in activities. This person told us they had baked a cake for a recent fete and their keyworker was supporting them with the arrangements to celebrate their birthday.

People participated in daytime activities. Individual and group activities rotas were in place. For one person their activities rota showed they attended clubs and had one to one time with their keyworker. People participate in household task. The rota was developed on the tasks each person was to undertake. For example, loading the dishwasher, preparing desserts. One person told us they had whiteboards in their bedroom and foyer to remind them of the day's activities.

People were supported to maintain relationships. One person told us that at weekends they made phone calls, they spoke to their boyfriend weekly and monthly visits to the home were organised. Another person said their boyfriend went to the home and visits were organised monthly.

The registered manager told us the people knew the complaints procedure and were confident to raise their concern to the area manager or chief executive. One person told us they were able to approach their advocate, registered manager, area manager or the chief executive with complaints

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Is the service well-led?

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