Life Opportunities Trust

Firs and Hewlitt

Inspection report

The Firs and Hewlitt
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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

About the service: Firs and Hewlitt provides accommodation and personal care for up to 13 people with a learning and/or physical disability. At the time of our inspection 11 people lived at the service.

People's experience of using this service:
We found the service continued to meet the rating of a good service. For more details and a copy of the full report, please see the full report which is on CQC website at www.cqc.org.uk

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People told us they liked living at Firs and Hewlitt and that staff were kind and caring. People said they did not have to wait to be supported by staff. However, we found deployment of staff was such that people may miss out on important interaction from staff. We also found that the communal environment in which people used required improvement, redecoration and new furnishings. We have issued a recommendation to the registered provider in this respect.

People said they could take part in the activities of their choice and there was evidence in people's care records they had been fully involved in their care planning.

People were provided with the food of their choice and they were supported to be involved in the running of the service through regular meetings, as well as being able to do things independently.

People were kept safe by the robust processes and procedures in place that related to medicines, recognising safeguarding incidents, identifying risks to people and acting on concerns or worries.

People were cared for by staff who received appropriate training and staff who felt supported by management and enjoyed their role.

People lived in an environment that suited their needs and they were assisted with accessing health care professional involvement when needed. People were supported by other professionals to help ensure their quality of life was improved as staff at Firs and Hewlitt worked in conjunction with other agencies.

Rating at last inspection: We last inspected Firs and Hewlitt on 31 March 2016 when we rated the service as Good. The report was published on 20 May 2016.

Why we inspected: This fully comprehensive inspection was carried out in line with our inspection methodology in that we scheduled the inspection based on our previous rating.

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 not consistently safe Details are in our Safe findings below.	**Requires Improvement**
Is the service effective? The service was effective Details are in our Effective findings below.	**Good**
Is the service caring? The service was caring Details are in our Caring 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**

Firs and Hewlitt

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 was carried out by two inspectors.

Service and service type:

Firs and Hewlitt provide accommodation and personal care to people with a learning disability, such as autism and/or a physical disability. Accommodation is provided in two separate houses; Firs, which can accommodate up to seven people and Hewlitt, which can accommodate up to six people. Both houses had their own communal lounge and dining areas, kitchen and bathrooms.

The service did not have a manager registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. A new manager was at the service and they were in the process of applying to become registered.

Notice of inspection:
This was an unannounced inspection which took place on 28 February 2019.

What we did:
Before this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. This enabled us to ensure we were addressing potential areas of concern at our inspection.

As part of our inspection we spoke with three people, five relatives and four staff. We also spoke with the manager.

We reviewed a range of documents about people's care and how the service was managed. We looked at four care plans, medicines administration records, risk assessments, complaints records, policies and procedures and internal audits that had been completed.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Requires Improvement: People were safe and protected from avoidable harm and legal requirements were met. However, the environment in which people lived in and the deployment of staff required improvement.

Preventing and controlling infection and premises

- People lived in an environment that was clean. However, we found the environment required improvement in terms of the décor and furnishings. Carpets and dining chairs were stained and kitchen cupboards old and worn with one cupboard door hanging off. The kitchen window blinds and wall above the blinds were dirty and needed replacement. This was also the same for the bathroom in one of the houses where the paint was stained. One person's front of their chest of drawers was missing and the frame around the toilet in communal bathroom was rusted. A shoe lace was being used as a light pull cord in one bathroom. A relative told us, "The environment could do with a bit of a lick of paint but we all know that's down to funding." Another relative said, "The environment is a tiny bit shabby. It's a shame. However, the areas were the residents are (like their bedroom) are decorated."
- We found in the providers business plan an action plan of refurbishment, although we also noted the same list of actions in the previous years' business plan. We spoke with the manager about this who provided us with evidence that they had resubmitted requests for new furniture and redecoration of areas of the service. They also provided us with evidence of some items they had purchased since our inspection, such as a new toilet frame.
- Staff followed good infection control processes. Red bags were in the laundry room containing soiled items. These were washed on a hot setting. A staff member told us, "I use the protective clothing available to me. We wash our hands regularly and disinfect door handles." A relative told us, "It's clean, very nice."

We recommend the registered provider ensures that the premises in which people live is of a suitable decorative standard.

Staffing and recruitment

- People told us they did not have to wait for support. One person said when they pressed their call bell they did not have to wait for staff to come to them. Observations on the day supported this. A relative told us, "I haven't noticed an issue with staff levels."
- However, although the staffing levels were in line with what we had been told by the manager, we found that as staff had to provide care, complete housekeeping tasks and make meals there were times when people may miss out on interaction because staff were busy. A relative told us, "Sometimes a little bit low (on staff) which affects the quality time they can have with him." The manager was very hands on but we observed staff were often busy doing other things, rather than engaging with people. One staff member spent the whole morning cleaning and another a large part of their morning putting away a shopping delivery. We asked staff if having to do the cleaning, etc. impacted and one staff member told us it did but that, "We all have to muck in and get on with it." Another staff member told us, "It would be better if we didn't have to do the cleaning as we could then spend more time with people."

● We spoke with the manager about staff deployment during our inspection. They told there was an on-going recruitment campaign and they used regular agency to help support the staff team.

We recommend the registered provider ensures staff levels are such that people's social and care needs are met at all times.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong
● People were cared for by staff who had a good understanding of how to recognise incidents of abuse. A relative told us, "I don't have any worries about him. We are very, very happy."
● Staff knew how to report abuse. One staff member told us, "I would intervene quickly and report it to the manager."
● The manager kept a log of accidents and incidents within the service which they reviewed and signed off, including comments where learning could be implemented or additional training needed by staff. The manager analysed the information on a quarterly basis to check for trends or themes.
● There was information in people's care plans evidencing they were spoken to about what they should do if they did not feel safe. There was also picture format information on the notice board.

Assessing risk, safety monitoring and management
● Risks to people had been identified and documentation was in place recording actions to be taken by staff to help reduce the risk. A relative told us, "She has never said anything bad about the staff, so we feel she is safe." A second relative said, "They (staff) have put quite a lot of attention in to keeping her safe."
● One person smoked and they had been provided with fire-retardant clothing and a smoke alarm. Staff were present whenever the person smoked to help ensure their safety.

Using medicines safely
● People received the medicines they required as staff followed good medicines management practices.
● Medicines were stored securely and the recording of medicines on people's Medicine Administration Record (MAR) was such that it was clear and accurate. There were no gaps on MARs which indicated people had not missed their medicines and where handwritten entries to prescriptions were written on the MAR, these were signed for by two staff.
● One person received their medicine from staff and the staff member explained what the medicine was, checked the person was happy to take it and waited until they had finished the medicine before signing their MAR.
● Where people were on 'as required' medicines, protocols were in place. These are important, especially for people who cannot communicate and inform staff they are in pain.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

● People's ability to consent had been checked to help ensure that any restrictions placed on them had been done in their best interests. Decision-specific capacity assessments were in place for areas such as the locked door, wheelchair straps or bed rails. There was evidence of best interests discussions taking place and appropriate DoLS applications submitted for people.
● We heard staff consistently asking people for their consent. One staff member when knocking on someone's door checked the person was happy for them to come into their room. A staff member told us, "People may lack the capacity to make decisions for themselves. We have to ask for their consent."

Staff support: induction, training, skills and experience
● People were cared for by staff who had undergone induction and training. This included agency staff. Staff told us, "We received an induction, read paperwork relating to people and were introduced to them to help get to know them." Staff had training that was specific to people's needs, such as autism and epilepsy.
● Staff received support through regular supervisions. A staff member told us, "[Senior] does my supervision, once a month."

Supporting people to eat and drink enough to maintain a balanced diet
● People received the food they required. A relative told us, "[Name] eats so well here. Before he came here I couldn't get him to eat eggs but now he eats them. I couldn't believe it."
● People were given choice by staff. We heard a staff member say, "[Name] we have carrot soup, steak and onion soup and oxtail."
● People received food in line with any specific dietary needs. Where people required a soft diet we saw they

received this. Where people were at risk with their food intake, staff had sought the input of the speech and language therapy team. One person, who was at risk of malnutrition, had a food chart in place. We saw that this was completed daily by staff and the person was gaining weight.
● Relatives told us people were offered the food they liked. One relative said, "They all sit around the lovely dining room table where they eat as a family."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care
● People's needs were assessed prior to moving into the service and staff worked closely with those who had been involved with them to ensure the transition was smooth.
● One person had recently moved in and staff had worked closely with care manager's and healthcare professionals to help ensure that they understood the person's needs and were able to provide effective and responsive support.
● People were cared for by staff who worked well together. Staff told us, "We are a small close-knit team. We work well together." Another told us, "We help each other out. We have good team work here. We believe that if you have a good relationship with staff then in turn this make people happy."

Adapting service, design, decoration to meet people's needs
● The environment in which people lived provided appropriate equipment and adaptations for their needs. This included pressure relieving mattresses, ceiling hoists and specially adapted baths. The garden was well maintained with easy access.
● One person required particular equipment in their room in order to keep them safe from harm. We observed their room was suitably fitted out.

Supporting people to live healthier lives, access healthcare services and support
● People received support from staff to access healthcare professionals when needed. There was evidence of involvement from the GP, district nurse, dentist, optician, occupational therapist and hospital services. A relative told, "The carers are marvellous. They always let me know when [name] is unwell." Another relative said, "I want to hear if he is unwell at the time (not afterwards) and they do that."
● One person told us they had been unwell and staff had, "Helped me get better." A relative said, "She wasn't well the other week and staff kept me informed."

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

● There was clearly good relationships between people and staff and staff knew people well.
A staff member said to one person, "[Name] there's a cup of tea." The person thanked the staff member who responded, "You are welcome." We heard the person explaining to the staff member that they did not want to spill their tea. The staff member listened and then checked it was safe where the person had placed their tea beside them.

● Staff showed attentive care towards people. We observed a staff member place a drink beside one person who was partially sighted, making sure it was within their reach. One person was feeling unwell and the manager came to see them saying, "Oh [name], what have you done?" and gently rubbed their face. Some people were in their rooms and staff were giving them drinks. We heard staff chat to them although both people could not communicate verbally. A relative told us, "Staff are impeccable, I can't fault them." Another relative said, "Staff are all really friendly and know her well."

● One person wanted to show a staff member how much they had done of their puzzle and the staff member replied, "Oh I love that [name]." The person was so excited with their response. A relative told us, "We are very, very happy with the care. She is really at home there and always happy to go back (after a visit)."
Another staff member sat and painted a person's nails and they discussed the colour, saying to the person, "It's a nice colour you've chosen." A staff member told us, "I like my job. I like the people I care for." This was evident during our observations.

● A relative told us, "The staff have been outstanding. She has a very happy home life and is very much loved. They (staff) do everything they can for her."

Supporting people to express their views and be involved in making decisions about their care

● Throughout people's care documentation it was clear they had been involved in their care planning and decisions. People signed their care plan where they could and there were regular meetings with their key worker to discuss achievements, activities, care, goals and aspirations. A relative told us, "They (staff) communicate with him."

● One person was given the choice about whether they wanted to go out or stay at the house for lunch. A staff member asked them, "[Name] the taxi is coming at 11.45. Would you like to go or not?" The person expressed that they wanted to go and staff supported them to get ready.

● Another staff member said to a person, "I have some ginger beer, would you like some?" The person made their preference clear and the staff member went and made a drink for them sitting and chatting to them whilst supporting them to drink. A relative told us, "If she wants to go back to her room staff help her to do that. It's remarkable care."

Respecting and promoting people's privacy, dignity and independence

● Throughout the day we observed staff ensuring people's independence was respected. One person liked to spend time in their room and staff respected this whilst ensuring the person was regularly checked.

● When people were receiving personal care from staff we observed staff closed the person's door.

● A relative told us, "They (staff) do a sterling job and are extremely lovely people." Another said, "She seems extremely happy there."

● People's rooms were personalised and reflected their interests. One person had a lot of puzzles in their room which were important to them. Another had sensory decorations which they liked to look at when they were in bed.

● People were provided with appropriate equipment to assist with their independence. For example, people were given rimmed plates or spoons to eat with. One person was encouraged to answer the telephone when it rang.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

● People received responsive care from staff. One person had very complex needs and due to the hard work of staff, engaging other professionals and their patient input the person's quality of life had improved greatly. A care professional had written, 'The standard of care and support your provision provided whilst she was on the ward and post discharge has been exceptional. You have gone above and beyond with the care delivery. [Name] has thrived and her quality of life has significantly improved'.

● People's care records contained all relevant information needed for staff to provide appropriate care. This included daily routines, likes and dislikes, mobility, communication and nutrition. A relative told us, "Staff are mindful of each person's individual triggers, whether that is noise, words or actions. They do everything they can to recognise the characteristics of people."

● Information in people's care plans was presented in a way that was relevant for them. For example, we saw all care plans were in picture format.

● Staff followed people's care plans. One person was noted as, 'likes to sit at dining table in wheelchair' and we saw that staff had positioned the person there. This same person was also recorded as, 'likes to choose own clothes' and we heard staff supporting them to do this in the morning. A relative told us, "They know him. They have nailed his needs and they know him as well as I'd want them to."

● Each person had their own activity schedule. We looked at one and saw that there was something on for them most days. A relative told us, "He is out all day and when at home he is stimulated by his puzzles." Another said, "She goes to the day centre twice a week. She really enjoys that." A third relative commented, "They (staff) take her to church."

● People's daily notes corresponded with their activity schedule indicating that activities happened as planned. Activities included attending a day centre, massages, shopping, cooking, sensory relaxation, room cleaning and music therapy. A staff member told us, "There is enough going on for people as activities are individualised for their needs." A relative said, "She has hand massages not and has taken to that really well. They (staff) always try and make sure she goes out."

End of life care and support

● People had end of life care plans documented and we read people had expressed their individual wishes. One person had recorded the songs they wished played at their memorial service and what flowers they would like.

● A relative of a person who had lived at the service had commented, 'thank you for the fantastic way you cared for [name] over the years…giving [name] such a lovely and respectful service.'

Improving care quality in response to complaints or concerns

● People were able to express their dissatisfaction and raise complaints. There was a log held recording anytime a person was unhappy with something. These were reviewed by the manager and staff and the

manager recorded the action taken to resolve the issue. We read that people's dissatisfaction had been responded to.

Good

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The manager was aware of their responsibility in relation to notifying CQC of significant events in line with the requirements of registration.
- We received positive feedback about the manager. One relative told us, "She's amazing. Very proactive." A second relative said, "I have a very good relationship with the manager." A third told us, "Very approachable. They do listen. They want the best."
- There was a dignity tree displayed and each leaf hanging on the tree represented the values of the service, for example, choices, respect, privacy, grace and culture.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff had a clear understand of their roles. There was a manager, deputy manager and care staff in place. Staff organised duties for the day and night during handover meetings.
- Staff were clear about other responsibilities. There were photographs on display of staff members who were 'champions' in activities, infection control, food and dignity. Underneath the photographs were the principles of the role.
- A staff member told us, "I cannot fault her (the manager). She is transparent. Very supportive of us. If I need anything she is there. They are very good to us."

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

- Meetings took place each month for people to discuss outings, food, house rules and stranger danger. They also discussed upcoming events. We read people were asked for their game choices and an action had been raised and marked as done, 'two games and a pack of cards purchased'.
- In addition, a picture format survey was handed out to people. Staff supported people to complete this if needed and we noted the outcome of the 2018 survey was positive.
- Staff also had the opportunity to meet and we noted they discussed policies, procedures, people's medicines, paperwork and reminders on how to ensure paperwork was up to date.

Continuous learning and improving care

- Regular audits of the service and equipment took place. These included checks of the hoist slings, epilepsy monitoring equipment, call bells, window locks and the first aid box. All the checks were up to date.
- The registered provider also completed regular audits. We read that one to one supervisions and some

staff training were identified as needing updating and both had been addressed.

Working in partnership with others

● The manager described to us how they had worked very closely with health and social care professionals in relation to one person. In addition, there was evidence the service worked with healthcare professionals such as the GP or speech and language therapy team.

● One service who the staff worked with had commented, 'Your staff are second to none, they are always friendly, happy and helpful'.