

Ordinary Life Project Association(The) Ordinary Life Project Association - 56 Sycamore Grove

Inspection report

56 Sycamore Grove
Trowbridge
Wiltshire
BA14 0JD

Tel: 01225763056

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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

About the service: 56 Sycamore Grove is a residential care home that was providing personal care to two people with learning disabilities at the time of the inspection.

People's experience of using this service:

At the previous inspection in February 2018, we rated the service as Requires Improvement. At this inspection we found that improvements had been made and the service has been rated as Good.

People had individualised care plans in place. These documented their interests, wishes and preferences. People had been consulted with in the process of creating and reviewing their care plans.

Risks to people's safety had been identified and assessed. There were risk-reducing measures documented, for staff to follow.

Staff had attended training specific to the needs of the people living at the home. This included epilepsy training. There was also a person-specific epilepsy protocol in place. This directed staff as to what action should be taken when supporting a person during an epileptic seizure.

People's medicines were stored and managed safely. The medicine administration records were up to date. People had protocols in place for medicines required on an 'as and when' basis.

People attended social activities based on their interests and to build independence skills. This included participating in college courses and going to the cinema. There were photo albums in the lounge of activities people had taken part in, such as going to local places of interest. This was so they could be used as a resource to help people plan their activities, by reminiscing about what they had enjoyed previously.

People were supported to maintain good family relationships. Family members were welcome to visit the home and staff helped to facilitate phone calls. People went on holiday with their families.

People's nutritional needs were supported. The home had received compliments from the dietician for offering a healthy range of menu options. People were involved in food preparation, baking, and menu-planning. People's weights were monitored.

The principles of the Mental Capacity Act 2005 were applied to the care planning, with consideration for consent and capacity throughout. There were mental capacity assessments in place for overall care and treatment while living at the home.

Bedrooms were personalised to people's individual preferences. There were plans to redevelop the garden space, to make this more accessible.

The registered manager worked care shifts and was integrated into the staff team. This enabled them to know people and their staff team well. Staff received regular supervision meetings with the registered manager.

Rating at last inspection: Requires Improvement, report published 26 April 2018.

Why we inspected: This comprehensive inspection took place based on the date and rating of the previous inspection.

Follow up: We will monitor the information we receive and hold about the service, to inform our next inspection.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Ordinary Life Project Association - 56 Sycamore Grove

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:

This inspection was carried out by one inspector.

Service and service type:

56 Sycamore Grove is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. 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 was an unannounced inspection.

What we did:

Before we inspected, we reviewed information that we had received and held about the service. This included statutory notifications sent to us about events and incidents that had occurred at the service. A

notification is information about important events which the service is required to send us by law.

During the inspection, we spoke with both people who use the service. We reviewed information relating to people's care, including the care plans and records for two people. We also looked at information relating to the management of the service. This included, audits of the service, handover records, meeting minutes, and information relating to staff training. In addition, we spoke with the registered manager and informally with the one member of staff working at the home.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management

- At the previous inspection in February 2018, the service was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the risks assessments did not contain enough detail to ensure that staff could minimise the risks to people's safety. At this inspection, we found the required improvements had been made and the service was no longer in breach.
- Risks were identified and assessed. This included, risks of scalds and burns, as well as evacuation during a fire. There were risk reducing measures recorded for staff to follow, for example monitoring water temperatures of bath water.
- Where new risks were identified, staff were asked for their input in creating a new risk assessment. For example, one person was being supported to shower and they had previously only wanted to have baths. A risk assessment was created, and staff were asked to give feedback and provide any additional suggestions or knowledge.
- People's equipment was assessed regularly, to ensure it remained safe and suitable.
- Risk assessments were reviewed by the registered manager, to ensure they remained up to date and accurate.
- Maintenance of the home was managed through the provider's local head office. There were checks in place to monitor the safety of water, gas and fire systems. Regular audits of the property and equipment were completed, to ensure they were safe.

Using medicines safely

- At the previous inspection in February 2018, the service was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because medicine protocols were not consistently in place. At this inspection, we found improvements had been made and the service was no longer in breach.
- Medicines were stored securely. Storage temperature checks were completed daily to ensure medicines were stored at safely.
- Staff were trained and had their competence checked to administer medicines.
- There were protocols in place for people who had medicines prescribed on an 'as and when required' basis. These directed staff as to how they could identify when the medicines were needed, such as whether the person would tell them they needed pain relief.
- Medicine records were up to date and checked each day by staff during their handover.

Systems and processes to safeguard people from the risk of abuse

- Staff received safeguarding training.
- There was guidance and policies in place for staff to follow in reporting any safeguarding concerns.
- People had missing person profiles in place. These included information about the person and a photograph, to help identify the person in the event of them going missing.

Staffing and recruitment

- The home was fully staffed to support the two people who lived there.
- Staff were recruited following safe recruitment processes. This included obtaining Disclosure and Barring Service (DBS) clearance. The DBS helps employers make safer recruitment decisions, by preventing unsuitable people from working with vulnerable people.

Preventing and controlling infection

- The home was clean and free from odours throughout.
- Infection control audits were completed.

Learning lessons when things go wrong

- When accidents and incidents occurred, they were recorded by the staff member and reviewed by the registered manager. The records showed where actions had been taken in response, such as a GP review taking place.
- Learning from accidents and incidents were then shared in the staff communication book, during team meetings, or in individual staff supervision meetings.

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.

- At the previous inspection in February 2018, the service was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because DoLS applications had been made without assessing people's mental capacity. At this inspection we found improvements had been made and the service was no longer in breach.
- People's mental capacity to consent to their care and treatment was assessed.
- Where there was a specific decision that was outside of the day to day care and treatment, a separate assessment was completed. For example, one person had an assessment completed regarding their consent to an expensive purchase.
- The format of the mental capacity assessment and best interest decision forms did not promote evidencing how people had been involved in the decision. There was not consistently records of the questions people had been asked and how they had responded.

Supporting people to eat and drink enough to maintain a balanced diet

- People were involved in creating the weekly menu. The registered manager told us that if someone wanted something different, this would be prepared for them.
- Feedback had been recorded as received from a dietician, this praised the home for providing a good range of healthy menu options.
- People had access to drinks and snacks throughout the day.
- People were supported to be involved in preparing food and baking.

Staff support: induction, training, skills and experience

- Staff received mandatory training. This included training in safeguarding, medicines and manual handling.
- Staff received training specific to the needs of people living at the home. This included training in supporting people with epilepsy.
- Staff received supervision meetings with the registered manager, to discuss their personal development and any support required.

Supporting people to live healthier lives, access healthcare services and support

- People had health action plans in place. These contained information relating to their healthcare needs, such as appointments, allergies, and medicines.
- Records showed that people were supported to attend healthcare appointments, including with the GP and nurse.
- Where there were changes in people's healthcare needs, these were monitored and recorded. Where required, referrals to health or social care professionals were made. Input from professionals was then implemented into people's care planning.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People were involved in the creation of their care plans. The plans reflected people's needs and preferences.
- People had hospital passports in place. The passports included important details about the person, such as how they communicate. This meant that healthcare professionals in the event of a hospital admission, would be able to provide person-centred support.
- The staff supported people's human rights and protected characteristics under the Equality Act 2010. They provided support that protected people from experiencing discrimination for example based on their gender or age.

Staff working with other agencies to provide consistent, effective, timely care

- Referrals were made to the learning disability nurses, to provide support in creating and reviewing positive behavioural support plans.
- Where people's needs in relation to equipment and the environment changed, referrals were made to the occupational therapist. We saw that one person had previously preferred to have baths but had asked to try having showers. They had been supported to do so with safe equipment, suited to their needs.

Adapting service, design, decoration to meet people's needs

- There were plans to redevelop the garden to make it more user friendly.
- One person had a pet rabbit, that lived in the garden of the home.
- People were supported to choose the colour of their bedroom. People had their pictures and ornaments on display and bedrooms laid out how they chose.

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; respecting equality and diversity

- People were supported by staff who knew them, their needs and preferences well.
- The staff member we spoke with knew people's different actions and signals that indicated non-verbal communication.
- People were treated as individuals. Their care plans reflected that they had different personalities, needs, interests and ways of communicating.
- Staff spent time with people. We saw staff sat with people in the lounge, watching television together. Also, one staff member accompanied a person to a community group lunch, which the person told us they enjoyed.

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

- People were supported to express their feedback during household meetings. The most recent meeting agenda included whether people felt anything could be improved at the house. People's feedback was recorded, and their comments included that one person would like to have a communication white-board in their bedroom. We saw that this was in use to let the person know the date, weather, and plans for the day.
- During the meetings, people were also asked for their views on social events. This included, whether people would like to plan any celebrations for Easter; and what people are looking forward to. In the December 2018 meeting, people said they wanted festive celebrations. Activities and a party were planned, based on what people had said they would like.

Respecting and promoting people's privacy, dignity and independence

- People chose where they wanted to spend their time in the home. We saw people sitting in their preferred places in the living room and staff supporting them to choose a film.
- Staff knew what types of films people preferred. We saw one staff member find a film suggestion for a person, based on what they knew they enjoyed watching.
- People's daily records evidenced that their independence and privacy was being promoted. The records included what time people had chosen to get up and how they had chosen to spend their day. At times for people, this included choosing to spend time by themselves in their bedroom and staff respected this. The records also stated what activities people had done for themselves, such as what they helped to prepare for their lunch.
- Staff rated the service as providing a good standard of dignity in care, in the annual provider staff survey.

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

- At the previous inspection in February 2018, the service was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people's care plans were not person-centred. At this inspection we found improvements had been made and the service was no longer in breach.
- People's care plans included their likes and dislikes. For one person, their likes included being, 'as independent as possible'. Their dislikes included, 'people talking about me as if I am not there'. We saw, and records showed people were involved in discussions about their care and support.
- People's religious and spiritual beliefs were known and respected. For one person, their faith was identified in their care plan, also their recorded wishes around attending religious services.
- Weekly activity and social events were planned by people, with the support of staff. These were personalised and included activities such as attending the library, going out for lunch, and visits to local places of interest. The weekly plans also included the day that people had chosen to be their 'independent living support task day'. This involved working on home-based skills, such as maintaining a safe and clean home environment.
- When new people were looking to move into the home, this was a gradual process, to ensure the home could meet their needs and that people got on well together. The registered manager explained that this would include visits to the home. Followed by staying for a drink, joining a meal, joining a social event, and an overnight stay. People and staff were asked for their feedback during this process, to ensure that the change worked well for everyone involved.
- The service met the requirements of Registering the Right Support. This is CQC's policy on registration and variations to registration for providers supporting people with a learning disability or autism. Examples of this were that the houses supported a small number of people, meaning that people received more personalised care from staff who knew them well. Also, the home was located close to local places of interest, shops, and the community.
- People were provided with information in an accessible format and the service worked in accordance with the principles of the Accessible Information Standard 2016. For example, the key-worker role was explained to people in pictorial format. A key-worker is a staff member assigned to a person, and responsible for ensuring their care planning and reviews are up to date.

Improving care quality in response to complaints or concerns

- An annual survey was sent to relatives and professionals for their feedback. We saw that positive feedback had been received.
- There was a feedback form previously being used for agency staff to complete when they visited the home.

The registered manager told us they had plans to re-design this, so that visitors to the home could provide their feedback.

- No complaints had been received since the previous inspection. However, there was a policy for how complaints would be handled if they were received.

End of life care and support

- Nobody was receiving end of life care and support at the time of the inspection.
- The registered manager had been starting to discuss care plans for people's futures, during monthly reviews. They explained that this would be a gradual process, including people and their families to gain people's views and wishes over time.
- People were supported with bereavements to reminisce and express their feelings in a way that was personal to them.

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.

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

- At the previous inspection in February 2018, the service was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because quality assurance processes were not effective. At this inspection we found improvements had been made and the service was no longer in breach.
- The registered manager completed a 'self-assessment' audit of the home. This included different areas, such as care planning and infection control. Where actions were identified, these were followed up and acted upon.
- The registered manager received regular supervision meetings with the area manager. They told us that the area manager was very approachable, and they could contact them at any time they needed.
- The registered manager understood their responsibility to ensure the service was compliant with the regulatory requirements.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; continuous learning and improving care

- Following the previous inspection, the registered manager had made improvements. Where there had previously been breaches in Regulation, these had been met. The registered manager said that this had been one of their biggest challenges. They told us they had worked on this challenge by "reflecting and looking to the future" and "working closely with [both people]." They explained, "We want them to be happy, feel secure, and to live the lives they want."
- Improvements to care planning had been with a holistic approach. For example, the registered manager told us that they wanted to completely re-write people's care plans. They said they had done this by re-designing the plans, working with people to ensure they reflected their needs and choices.
- The registered manager attended management meetings at the provider's head office. This gave them the opportunity for peer support and to share ideas or learn from others.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- Due to the small size of the service, the staff team worked closely together with overlapping shifts during

the day and a single staff member working overnight. The registered manger was integrated into the care team, as they were rostered onto the care shifts. The registered manager told us this enabled them to build a good relationship with people who lived at the home, and with the staff team.

- The registered manager told us they had built good relationships with people's families, as they aimed to ensure the home was "very sociable". They told us there were occasional coffee mornings at the home, as well as gatherings at Christmas and for birthdays. They said, "We have regular contact with the relatives and both people have strong relationships with their families. We involve relatives in care planning meetings, the annual survey, and are in regular email and telephone contact with them. I feel they would feel confident raising any issues with me."
- People and staff attended meetings about the home. In the staff meeting minutes we saw that any changes in people's needs were discussed, as well as learning from any incidents.
- Community relationships had been built. These were used to enhance the quality and range of social activities people had available to them.