Lifetime Opportunities Ltd

North View

Inspection report

Halifax Road
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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

Our inspection of North View took place on 4 January 2017 and was unannounced. At the previous inspection in February 2016 we had found the service to be in breach of Regulation 17, Health and Social Care Act 2008 (Regulated Activities) regarding good governance, as the service had not maintained complete records in respect of people living at the service or other records relating to staff. However, at this inspection we saw improvements had been made in these areas and the service was now meeting the relevant requirements.

North View is a converted house situated in the centre of Todmorden which provides accommodation and support for up to five people. At the time of our inspection there were five people living at the service.

The previous registered manager had recently left the company and a new manager was in place who had commenced the process of registering with the Care Quality Commission (CQC). A registered manager is a person who has registered with the 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 2008 and associated Regulations about how the service is run.

People told us they felt safe living at the service. Staff understood how to keep people safe and safeguarding procedures were in place. Risks to people's health and safety were assessed with appropriate plans of care put in place to mitigate these risks. Care records were highly detailed and person centred.

Medicines were safely managed and administered. Staff had received medicines training and competency assessments and people received their medicines as prescribed. Protocols for 'as required' medicines were in place.

There were sufficient staff deployed to ensure people's care and support needs were safely met. The manager recognised the need for extra female staff and plans were in place to implement this. Staff and people had developed strong relationships and good interactions were observed. Recruitment procedures were robust and ensured staff employed were suitable to work with vulnerable people.

Staff training was tailored to the needs of the people who used the service although the manager recognised the need for more face to face training in areas such as autism. Regular staff supervisions and appraisals were in place.

The premises were well maintained and people were encouraged to personalise their bedrooms according to their tastes and choice.

People had access to a variety of food and assisted in shopping, preparation and cooking activities in order to promote their independence. Healthy eating and lifestyle choices were encouraged by the service.

People's preferences were respected within the home and reflected in activities and goals tailored to individuals. People were encouraged to be as independent as possible and encouraged to achieve their personal goals through regular meetings and discussions with their key worker. People were involved in setting long and short term goals to develop life skills and personal development.

Healthcare professionals were involved in supporting people's care where appropriate.

There was a relaxed and homely atmosphere in the home and people were at ease with the staff who were supporting them.

The manager was respected and staff felt supported by the management team. Staff told us morale was good and all staff worked well together as a team.

A range of audits and checks were undertaken to monitor the quality of the service and identify any improvements needed.

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.

Medicines management systems were safe and staff administering medicines had received appropriate training.

A robust recruitment process was in place to ensure staff were suitable to work with vulnerable people.

Sufficient staff were deployed to keep people safe.

Is the service effective?

Good

The service was effective.

Staff received training to effectively support people who used the service.

People's needs were assessed and plans put in place to support these.

The service was acting within the legal framework of the Mental Capacity Act 2005.

People were supported to consume a healthy diet.

Is the service caring?

Good

The service was caring.

People's wishes were respected and staff treated them with kindness and respect.

The atmosphere at the service was calm and relaxed.

People's independence was supported and encouraged.

Is the service responsive?

Good

The service was responsive.

Plans of care were detailed and person centred.

People were involved in the planning of their care and setting of goals which were reviewed regularly.

Activities were arranged according to people's individual preferences. People had individual activity plans in place.

Complaints were taken seriously, responded to and actions taken.

Is the service well-led?

Good

The service was well led.

Staff told us morale was good and there was a positive and inclusive culture within the service.

The manager was well respected and approachable.

Systems were in place to monitor and improve the quality of the service.

People's views were sought and their feedback acted on.

North View

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.

We inspected North View on 4 January 2016 and the inspection was unannounced. The inspection team consisted of two adult social care inspectors.

Before the inspection we reviewed the information we held about the home. This included notifications received from the provider, and information from the local contracts and safeguarding teams. We had not asked the provider to complete a Provider Information Return (PIR) on this occasion. This is a form which asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we looked at three people's care records, some in detail and others to review specific information, three staff recruitment files, staff training information and other records which related to the management of the service such as quality audits and policies and procedures.

We also spoke with two people who used the service and one relative as well as a health care professional who regularly worked with the service, five care staff, the manager and the unit manager.

Good

Is the service safe?

Our findings

People told us they felt safe at the service and we saw they were safely supported by staff when accessing the community where required. Risk assessments were in place to mitigate risks and these were updated regularly.

Medicines were managed safely. Staff administering medicines had received training in the safe administration of medicines and competency assessments were undertaken to check staff had retained the skills and knowledge required. Staff we spoke with were knowledgeable about the medicines people took. A medicines champion was in place who had responsibility for overseeing medicines management within the home.

The decision to administer medicines to people who lacked capacity was evidenced as a best interest process in line with the legal framework of the Mental Capacity Act 2005.

Medication administration records (MAR) were well completed and showed people received their medicines as prescribed. MARs were checked and signed by two staff members as an additional check to ensure people were receiving their medicines as prescribed. Stocks of medicines were monitored twice daily to identify any discrepancies. We counted a random selection of medicines and found the number of medicines present matched with the stocks recorded, indicating people had received their medicines consistently as prescribed.

'As required' (PRN) protocols were in place which detailed when people should receive these types of medicines. This helped ensure PRN medicines were offered by staff in a consistent way.

A booking in/out system was in place to ensure medicines were fully accounted for when people went to stay with their relatives. Systems were in place to order and dispose of medicines. Where medicine errors had occurred we saw these had been recorded and investigated with route cause analysis undertaken to help prevent a re-occurrence.

Some people took medicines that are controlled under the Misuse of Drugs legislation. These medicines are called controlled drugs. No controlled drugs were present at the time of the inspection however appropriate storage arrangements were in place. We observed the controlled drug register present was not a fully compliant register and the registered manager agreed a compliant book would need to be purchased should controlled drugs be kept on the premises.

There were sufficient staff deployed to ensure people received safe care and support. Everyone within the home received significant periods of one to one support in line with their contractual arrangements. Staff we spoke with told us there were enough staff to ensure people always received their contracted hours of care and support. This high level of staff support allowed people to develop strong relationships with staff and enabled them to take part in a range of activities and other social opportunities. The service utilised a small amount of agency staff but used the same two staff to ensure continuity and familiar faces. Staff skills and

personal attributes were carefully considered when matching staff with people who used the service. The service had recognised it had a shortfall of female staff members and was taking action to recruit to these positions.

Safeguarding procedures were in place and we saw these had been followed to keep people safe. Where incidents had occurred appropriate referrals were made to the local authority and notifications to the Care Quality Commission. Safeguarding incidents were investigated and measures put in place to help prevent a re-occurrence. Safeguarding was also discussed as a set agenda item at staff supervisions giving them an opportunity to raise any concerns. People who used the service had the opportunity to raise concerns through regular key worker meetings. Whistleblowing information was in place in an easy read format.

Incidents and accidents were logged with causes and triggers investigated. Body charts were completed where people sustained injuries and risk assessments/care plans amended as appropriate. Where unwitnessed injuries took place, possible causes were investigated to help keep people safe.

The premises was suitable for its purpose and managed in a safe way. People's bedrooms were spacious and had been personalised to their individual tastes and preferences. The service helped people personalise rooms with décor, pictures and furniture which suited their individual preferences. There were sufficient communal areas which included a lounge, spacious dining kitchen and a large secure garden area. The building was appropriately maintained. We looked at records which provided evidence that a range of checks on systems such as fire, electrical and gas were carried out. Weekly health and safety checks were undertaken by the team leader to help ensure the building was maintained safely. The service had been awarded a five star food hygiene rating by the Foods Standard Agency. This is the highest rating that can be awarded and indicates that food is prepared in a hygienic way.

Safe recruitment procedures were in place. This included ensuring people completed an application form detailing their previous employment and qualifications. A thorough selection process was in place which included face to face interviews as well as meeting people who used the service to determine whether they interacted appropriately with them. People who used the service were also asked to provide interview questions which meant candidates were asked about things that were important to the people they would be supporting, such as a willingness to take part in the activities which they enjoyed. Checks on people's backgrounds took place including ensuring a Disclosure and Barring Service (DBS) check and references were undertaken. Staff we spoke with confirmed that when they were recruited the required checks had been undertaken.

Good

Is the service effective?

Our findings

Staff had the required skills and knowledge to care for people in a competent and effective manner. Due to the high level of support provided to people, this had allowed staff to develop extensive and in depth knowledge of people. For example, one staff member was able to tell us in extensive detail about one person's medication regime and staff knew about people's triggers and how to manage any behaviours that challenged.

When staff commenced employment at the service they were provided with a local induction to the home and their competency to understanding people's care and support requirements was assessed and signed off before working with people alone. Staff were provided with a range of training to help ensure they had the required skills to support people effectively. New staff without previous experience were required to complete the Care Certificate. This is a recognised training qualification for new care workers to ensure they achieved a standardised set of skills and knowledge.

Existing staff received periodic training updates in subjects such as dignity and respect, epilepsy, health and safety, Mental Capacity Act 2005, safeguarding and moving and handling. We found most staff to be up-to-date with training. Where training had expired we saw this had been flagged by the service's training department and staff had been alerted to ensure the training was promptly completed. Staff were supported to achieve further qualifications in health and social care.

Specialist training had been provided to help staff support the individuals who lived in the home. For example, all staff had received basic on-line training in autism. However, the manager agreed a more in depth face to face training in this subject would be desirable and told us they were trying to access relevant training.

Some people who used the service displayed behaviours that challenged. Staff received in-house training in 'team teach' which provided them with the skills on how to manage these types of behaviours in the least restrictive way possible. Staff were not permitted to work on a one to one basis with people who were likely to display these behaviours until they received this training. Where people displayed behaviours that challenge we saw specialist input had been sought and detailed risk assessments and protocols developed. Staff told us they thought the training was good and equipped them with the required skills to help them support people who used the service.

Staff received regular supervision and annual appraisal. Supervisions are important to ensure staff progress and quality can be monitored and any concerns can be addressed.

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. The manager had a good understanding of the Mental Capacity Act and how to act within the legal framework giving us assurance that people's rights were protected.

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). DoLS requires care homes to make applications to the local authority where they suspect they are depriving people of their liberty.

The service had applied for DoLS for three people who lived at the home, two of which had been authorised and the third was with the local authority awaiting assessment. One person living in the home was deemed to have capacity and an application had not been made for them, showing good understanding of the process. Some DoLS authorisations had conditions attached and we saw evidence the service was ensuring compliance with these conditions. We saw an assessment of the restrictions placed on each person had been carried out by the manager, detailing how staff should work to provide care and support in the least restrictive way. Appropriate best interest meetings had been held for decisions relating to health, care and support needs for those people unable to make their own decisions. The service reduced restrictions placed on people by ensuring they were able to live an active social life in the community and worked to achieve independence improving goals.

We saw the monthly key worker theme was around capacity and choice. This involved the use of a large whiteboard in the dining room where a series of questions and statements about individual choice and rights were being placed and people could comment and discuss if they agreed or disagreed. A staff member told us this was a good opportunity for promoting discussions around choice with some of the people who used the service.

People were supported to maintain a healthy diet and healthy nutrition plans were in place. For example, we saw one person had a goal to lose weight and they had achieved steady weight loss throughout 2016 demonstrating the plan and support was effective.

Hospital passports were in place. A hospital passport contains key information about the person's needs to ensure effective care and support should they be admitted to hospital. We saw people had access to health care professionals such as GPs, podiatrists, practice nurses, opticians and dentists and a record of health care visits was kept in people's care records. A health care professional told us communication from the service was good and they would contact them with any concerns about people. This showed us people's health care needs were being met.

However, a relative told us they thought communication could be improved and messages didn't always get passed on. We spoke with the manager who told us they would investigate and speak with the relative. From our observations and discussions during the inspection we were confident this would happen.

Good

Is the service caring?

Our findings

We saw good, positive relationships had been developed between people and staff. Staff we spoke with demonstrated a very good understanding of the people they were caring for. For example, staff were able to describe people's daily regimes, likes, dislikes and preferences in a high level of detail.

We observed calm and relaxed interactions between staff and people who used the service. Interaction was mainly social based with staff chatting to people about their interests and lives as well as their plans for the day. This created a friendly and inclusive atmosphere with staff providing genuine friendship to people. Staff spoke with people gently and calmly and people told us they were happy living at the service and liked the staff. One person commented, "Things going well; like living here, " and a relative commented, "It does feel relaxed. It's a nice atmosphere. [Person's name] is always happy to come back."

We saw one person had recently moved into the service from a children's service operated by the same provider. To help manage the transition, their key worker from the children's service had transferred to the service for the transition period. This helped ensure continuity was maintained for the person, minimise distress and ensure other staff were trained and supported to provide safe and effective care.

People were supported to improve their independence. This included through the use of activities to build self-confidence, developing links with the local community and helping with housework. People were encouraged to go food shopping and then help prepare food to help improve their life skills. We saw evidence of the service involving advocates where people had no family involvement.

People and their key workers had developed personal goals with action plans to support the achievement of these goals. These were evidenced in people's care plans. For example, one person had indicated they wanted to seek employment and the service had recently supported them with completing a job application form.

The home used a range of communication techniques to communicate effectively with people. Some people could verbalise and staff used appropriate techniques with these people demonstrating patience and understanding. Some information was translated into an easy read format to aid understanding.

The service used the Picture Exchange Communication System (PECS) with two people who used the service. This provided a range of pictures to help people express their views, likes and preferences. We also saw staff were aware of people's bespoke communication techniques. For example, one staff member described in detail how they could interpret the non-verbal signs one person made which indicated what they wanted for breakfast.

We saw the service respected people's confidentiality. For example, one member of staff we spoke with questioned if they should speak with us since they wanted to respect people's confidentiality. Care records were stored in a locked cupboard in the office.

We saw staff respected people's privacy and helped ensure people's dignity was maintained. For example, we saw a member of staff knocking on someone's bedroom door and asking permission to enter. People who used the service were supported to have private time in their rooms if they wished.

We saw the service took account of people's protected characteristics as set out in the Equalities Act 2010. Arrangements had been put in place to meet one person's sexual needs and ensure their privacy was maintained. The manager discussed with us further developments they planned to put in place over the next few months.

Good

Is the service responsive?

Our findings

We saw information contained in care records were highly detailed and person centred, with assessments and care plans covering all aspects of people's personal and health care needs. People's care and support needs were assessed prior to them moving in to the home to determine if the service could meet these needs.

Care records included comprehensive daily diaries. For example, one person's morning routine included the route to their school and the time it took to travel there since this was important to them. Another person's care records indicated potential triggers for behaviours and strategies to manage these. Staff we spoke with were fully aware of these and able to give examples. We saw staff had signed to show they had read and understood people's care records.

We saw some care plans were marked for review which showed a process was in place to ensure records were relevant and up to date. However, we saw some care records needed signing by the person or their legal representative and the manager agreed this needed to be completed.

People were encouraged to be highly involved in their care and support. People were involved in all aspects of the service including daily living choices, long term support arrangements and recruitment of staff. People were involved in the planning of their care. A condensed version of their care records was available for people to consult which was less bulky and easier to read to promote involvement. This included an activity planner so people could create and review their weekly regime which was especially important for those people living with autism. Regular keyworker sessions were held where staff sat down with people to discuss their care and support and any incidents and issues arising.

We saw people were helped to achieve weekly goals and also longer term goals through a series of small steps. Activities and goals demonstrated a focus to help people to exercise and maintain a healthy lifestyle; for example, going swimming, going out for walks and eating healthily. We saw one person had recently met the team mascot and a player at a premier league football club as part of their goal to regularly watch live football. One person told us they were given choice in what they wanted to do such as watch a film or play computer games in their room or attend sports activities. Another person had altered their activity plan to include a visit to the local cinema and this took place instead of the original planned activity.

Photographs were taken of people's achievements to help them celebrate them and activities and achievements were reviewed at the end of each week. Staff were able to give examples of how people had developed as individuals in achieving goals and in becoming more independent and self-confident. For example, staff told us how another person had achieved a goal of enjoying a Jacuzzi session and taking part in an outside activity in a crowded place which was a big achievement. Work was being undertaken with people to develop life skills and to support people to find suitable employment in the long term.

Although people who used the service appeared satisfied with the level of activities on offer, one relative

told us they would like to see more activities available such as walking in the countryside for their relative since this was something they had enjoyed in the past.

A system was in place to log and respond to complaints. We saw a small number of complaints had been received in 2016. We looked at these and saw they had been investigated and responded to in a prompt manner by the management team. Systems were in place to bring the complaints process to the attention of people who used the service through signage and at service user meetings. The service also kept a list of compliments so it knew the areas where it exceeded expectations.

Good

Is the service well-led?

Our findings

Staff reported morale was good and that the team got on well together. Comments included, "The staff team we've got now is really good. Morale is good", "We've got a good team. Everyone helps each other out," and, "There's a lot of experience in the team. The team works hard for the service users. Staff go the extra mile."

The previous registered manager had recently left the service and a new manager was in place who was registering with the Care Quality Commission.

All the staff we spoke with told us they felt supported by the management team and felt able to approach the manager with any concerns. One staff member told us, "They're very approachable. [Name] is a really good manager. They get the best out of staff," and another commented, "Everyone is there if I need any help." Staff also told us they would recommend the service as a place to live and a place to work.

We observed a positive and inclusive atmosphere within the home with staff and people getting on well together.

A range of daily, weekly and monthly checks and audits were undertaken as part of a system to assess, monitor and improve the service. These included medicines audits, financial transactions and weekly management checks which looked at a comprehensive range of quality areas. An external audit was also carried out on a monthly basis. This looked at areas such as incidents, accidents, DoLS, training and people's care and wellbeing. We saw action plans were produced as a result of these visits which the provider asked the manager to work towards to help further improve the service.

Incidents and accidents were analysed on a monthly basis to look for any themes or trends. We saw evidence that learning took place following incidents as part of a system to continuously improve the quality of the service.

The manager demonstrated a dedication and commitment to further improvement of the service. For example, they outlined their plans to improve autism care and achieve accreditation with the national autistic society. Another key objective was to use technology and equipment to improve communication and people's independence. We saw the manager knew people who used the service well and was a visible presence in the home. We saw people knew the manager by name and appeared comfortable in their presence.

People's views were regularly sought and their feedback acted on through regular group and individual meetings with their views and suggestions clearly recorded. Service user meetings were also held monthly. We looked at the most recent meeting which asked people to provide ideas for the Christmas party, discussed likes and dislikes as well as how to ensure they keep safe. We observed a culture within the organisation where people were put first and their views, preferences and needs were used to shape the

future direction of the service.

A quality survey had recently been sent out to relatives of people who used the service and the provider was currently collating the results. However, these were not available at inspection.

Periodic staff meetings were held. These were an opportunity to discuss any changes needed to people's care and support and for any quality issues to be addressed.