

Ordinary Life Project Association(The) Ordinary Life Project Association - 17 Berryfield Road

Inspection report

17 Berryfield Road
Bradford On Avon
Wiltshire
BA15 1SU

Tel: 01225864397

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

17 Berryfield Road offers accommodation and personal care for up to four people with learning disabilities. At the time of the inspection four people were living at the service.

People's experience of using this service:

The manager audited the quality of service delivery monthly. However, their assessment of some outcomes were not consistent with our findings.

Records were not always up to date. Information in care plans were difficult to follow because of the number of amendments and duplications. Some care plans including person centred plans (PCP) were duplicated but the information was not consistent with each other.

Care plans were not always person centred and were based on the assistance needed from staff. Where people's preferences were documented, this information was not part of the care plans. One person we spoke with was aware of having care plans and told us the staff helped them understand them.

Risks were assessed, and action plans were developed on how to reduce the potential of harm to people. However, some risk assessments were difficult to follow because of the number of amendments.

Although staff recorded when people expressed their emotions using behaviours deemed to be difficult, care plans were not devised based on an analysis of behaviours observed. We noted that people were given time and space when they expressed anxiety.

Mental capacity assessments had not been reviewed to ensure people had capacity to make decisions. The date changes were used to indicate people's capacity was reviewed. However, there was no other documented evidence of an assessment. People told us the day to day decisions they made.

The staff were supported to meet the responsibilities of their role. New staff had an induction when they started work, they attended training set as mandatory by the provider and there were one-to-one meetings with the line manager.

There were existing staff vacancies and staffing levels were maintained with regular agency staff.

People said they felt safe living at the service. The staff were knowledgeable about safeguarding procedures including the types of abuse and about reporting concerns.

Medicines were safely managed, and protocols were in place for medicines to be administered "when required" (PRN).

People's dietary needs were met. There was guidance for people with specialist dietary needs such as textured and enriched diets. People were supported to prepare menus.

The home was clean and free from odours. However, the garden was overgrown and difficult for the person with pets to access.

People's ongoing healthcare was met. People had annual health checks. Hospital passports detailed important and essential information about the person in the event of an admission.

People's rights were respected. One person told us the staff were kind. We saw staff giving people their full attention when they were interacting with each other. Comments from staff showed they knew how to show kindness and compassion as necessary to people.

People's views were sought and they gave positive responses about their experiences of service delivery. Staff told us the team worked well together. They said the registered manager was fair and approachable.

Rating at last inspection:

The service was rated as Good at the comprehensive inspection dated 27 July 2016. This report was made public on 29 September 2016

Why we inspected:

This inspection was a scheduled inspection based on previous rating.

Follow up:

We will monitor all intelligence we receive about the service to inform when the next inspection should take place.

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?

Requires Improvement ●

The service was not always 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?

Requires Improvement ●

The service was not always responsive

Details are in our Responsive findings below

Is the service well-led?

Requires Improvement ●

The service was not always well-led

Details are in our Well-Led findings below.

Ordinary Life Project Association - 17 Berryfield Road

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 unannounced and carried out by one inspector.

Service and service type:

17 Berryfield Road offers accommodation for up to three people with learning disabilities. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

A registered manager was in post. 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.

What we did:

Before the inspection we reviewed the information we held about the service and the service provider. The registered manager 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 looked at the notifications we had received for this service. Notifications are information about

important events the service is required to send us by law.

We asked two people to give their views about the care they received. While one person declined, one person agreed to give us their feedback on their experiences of the home and the delivery of care. We also spoke to the two staff on duty. Although the registered manager was not on duty during the inspection we arranged a teleconference at a later date to discuss the findings of the inspection.

We looked at care records of two people. We checked, training and supervision records for staff and looked at a range of records about how the service was managed.

Is the service safe?

Our findings

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

Requires Improvement: ☐

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Systems and processes to safeguard people from the risk of abuse

- There were processes in place to safeguard people, these were known and understood by the staff. The person we spoke with told us they felt safe living at the home.
- The registered manager said there were no safeguarding referrals being processed by the local authority at the time of the inspection.

Assessing risk, safety monitoring and management

- Risk assessments for some people were duplicates of the care plans. We found staff had made some deletions and additions to the risk assessments which were unclear. For example, within the risk assessment there were additions for staff to use 'anti-suffocation pillows only'. Below this entry staff dated 2017 had recorded 'staff to use baby monitor'. There were other crossed off sentences that referenced a telecommunication alert. Below this entry in 2012 staff had detailed the difficulties experienced with this system and next to this paragraph it was handwritten 'removed'. It was not clear the equipment to be used to reduce the risk. This meant clear guidance was not available on the actions needed to minimise the risk.

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Some risk assessments were difficult to follow. There were handwritten amendments to the printed copies and although some were dated they were not in sequence. For other people the date changes were used to indicate the risk assessment had been reviewed. The registered manager said for some people there were no changes and they were ongoing. We advised the registered manager that while a person's needs may not have changed since 2014, there had been changes in legislation and good practise. This meant the care delivery may not be in line with good practice guidance.

- Care plans and risk assessments were not devised on how staff were to manage situations when people used behaviours to express their frustration and anxiety. While behavioural monitoring charts were in place, a risk assessment or support plan was not devised following analysis of behaviours. We did note staff gave the person space and time when behaviours deemed as difficult to support were observed.

- Despite some risk assessments not being clear some people were supported to take risks. Where assessed, people were supported to take positive risk. For example, making hot drinks.

Staffing and recruitment

- There were enough staff at all times. During the day there were two staff on duty, which reduced to one from 7pm until the following day. There were staff vacancies and to maintain staffing levels, regular agency

staff were used.

- Recruitment files were not kept at the home and were stored at the head office.

Using medicines safely

- Medicines systems were well managed. People told us the staff administered their medicines. The person we spoke with had agreed for the staff to administer their medicines and knew the purpose of their medicines.
- Medicine files held essential information with person's photographs to ensure staff were able to recognise the person. Records of administration were signed when staff had administered medicines.
- A record of medicines no longer required was maintained and signed by the supplying pharmacy to evidence receipt of the medicines for disposal

Preventing and controlling infection

- The home was clean and free from odours. There were audits of infection control.

Learning lessons when things go wrong

- There were systems in place for reporting accidents and incidents. The staff told us there were reflective logs based on "what I could do differently" which improved their performance.

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"

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- ☐ 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).

- People's mental capacity was assessed, but the assessments were not always reviewed when there were changes to the person's mental capacity. While the dates were changed to indicate that a review had taken place there was a lack of documentation to evidence an assessment had taken place.

- Some capacity assessments were not reviewed. For example, flu vaccines and finances. The registered manager said the person needs had not changed. However, the environment around the person and legislation had changed since the assessment of capacity.

- Care plans were difficult to read as they were devised some time ago and there were handwritten amendments to the printed version. For example, for one person the social workers review had identified changes in their mental capacity. Where there were amendments, these were handwritten and dated but not in chronological order. There were parts where staff were referred to other information such as specialist input. We found duplicates of the same decisions, but all the information was not consistent with each other. For example, medicines and nutrition.

- One person told us the day to day decisions they were able to make. Where people had capacity, they signed agreements to impose restrictions which affected them. For example, having locked kitchen units. The agreement detailed the reasons for the decision and the actions they can take to access these areas.

- Staff records showed they had attended MCA training. The staff we spoke with were knowledgeable on the principles of MCA.

Staff support: induction, training, skills and experience

- The staff were supported to meet the responsibilities of their roles and to develop their skills.

- New staff had an induction when they started work at the home. The induction programme followed the Care Certificate. The Care Certificate sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.

- Staff said the training was "good". They told us there were opportunities for further qualifications.

- Training records showed the provider had set mandatory training to include first aid, safeguarding, medicine competency, moving and handling.

- Staff had opportunities for a one-to-one meeting with their line manager, to discuss concerns, personal development and training needs. These were less regular since August 2018. The registered manager said in future supervision meetings would be with them.

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

- People's dietary requirements were met. The range of food stocks ensured people had enough to eat and drink. Information on people's textured and enriched diets were available to staff in the kitchen.

- One person told us they had their own menu and prepared their meals with staff support. At weekends two people prepared the weeks menu with staff support.

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.

- Comprehensive care plans were provided by the social worker before admissions to the home and reviews had occurred since people's admission.

- Peoples care was coordinated where healthcare professionals were involved.

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

- The home had the appearance of a domestic dwelling and was well maintained. At the time of the inspection, a ramp was being installed to give people better access into the home.

- The garden to the rear was overgrown and would be difficult for the person with pets to access.

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

- People had health action plans in place. Health action plans were written using pictorial aids. These included the healthcare professionals involved and areas for ongoing healthcare support.

- People had annual health checks with their GP. There were specific healthcare plans with guidance from professionals involved in people's care. These included action plans on meeting people's ongoing health needs. Records of healthcare appointments included the nature of the visits, the outcomes and guidance.

- Some people had ongoing healthcare support from specialists and there was guidance on how staff were to support the person. For example, epilepsy profiles and emergency plans. The epilepsy care and emergency plan for one person was reviewed annually by community nurses. Profiles gave staff guidance how to recognise each type of seizure and the and the actions to take.

- Hospital passports were completed on areas that were important and essential to the person in the event of a hospital admission. These were in place to help hospital staff know for example how best to

communicate with the person and how to support them to eat and drink.

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 that were caring and respected their rights. One person told us the staff were caring. This person said the staff were "kind, caring and knew what to do if I am upset."
- The registered manager told us the systems and processes in place ensured the staff had a caring approach. The registered manager said the staff had attended training to equip them with the skills needed to meet people's needs. Staff practice was observed to ensure they worked within the values of the organisation. Staffing levels were maintained to provide consistency and continuity of care.
- The staff told us how they ensured people felt they mattered. The staff knew people's preferences and how best to reassure them. A member of staff said they "gave people time and talked things through."

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

- People told us there were weekly meeting where they discussed menu planning and other areas of group living.
- We saw staff taking the time to speak with people. Staff gave their full attention to the person when they were discussing their plans. Staff and people socialised with each other during meal times.

Respecting and promoting people's privacy, dignity and independence

- People's rights were respected. One person told us they had keys to their bedroom and were able to lock their bedroom door for privacy and this was respected by staff.
- The staff explained how they ensured people's rights were respected. A member of staff said, "privacy and dignity is taken seriously." This member of staff said they closed bedroom doors during personal care.

Is the service responsive?

Our findings

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

Requires improvement: This meant people's needs were not always met.

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

- 'About me' documents and daily routine records gave information about people's preferences but the information gathered was not used to develop care plans. Care plans were not person centred and were based on the assistance needed from staff for tasks. For example, [name] taken to the bathroom two hourly for personal care. In another care plan we saw recorded "[name] is only left alone in her bedroom if she is in bed or in her wheelchair and always with the monitor on."

- Care plans were typed and printed, although amendments were handwritten and dated they were not in chronological order. We found there were duplicates of the same care plans, but the information was not always consistent with each other. Person Centred Plans (PCP) were duplicates of the care plan. The registered manager said the PCP reflected "live information and reflected people's goals". However, this information had been copied from the care plan.

- Care plans for people with communication needs were not developed as required by Accessible Information Standard (AIS). The AIS was introduced to make sure that people with a disability or sensory loss are given information in a way they can understand.

- The "About me" document for one person gave staff some guidance on how staff were to interpret behaviours and gestures. For example, leading staff to the door or window indicates wishing to go out. The social workers care plan for another person stated they used simple gestures such as smiles and thumbs up to communicate. This person used this form of communication to give us feedback about the delivery of care. Although individual communication care plans were not developed on how staff were to assist people to communicate, we noted that some information was in pictures and word formats.

- Care plans were audited, and an action plan was devised where there were shortfalls. However, the findings of this inspection were not consistent with the audit.

- People told us the staff helped them understand their care plans. A member of staff told us care plans were updated. They said "we discuss things. I sit with people and help them understand their plans. It's about making sure their goals are identified".

- People told us about there were in-house and community-based activities. People's weekly activities planner were kept in their care file. One person told us there were in-house activities and they joined clubs

and day care services. One person told us the staff the staff were going to support them to go on holiday.

Improving care quality in response to complaints or concerns

- There were no complaints received since the last inspection. One person told us they would approach the staff with concerns.

End of life care and support

- One person had made advanced decisions about their end of life care. This end of life care plan was in pictures and words and gave information on the people to be contacted in the event of their death and details of funeral arrangements.

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

Require Improvement: ☐

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- Managerial oversight of records and care plans did not identify where there were inconsistencies and out of date information. We found records were not always up to date and some care plans were difficult to follow. Some care plans were duplicated and the chronology of events was not clear. Information in different parts of care plans was often inconsistent with each other. For example, the medication care plan for one person was devised in August 2014. There were dates recorded to indicate the plan had been reviewed. There were a number of deletions of medicines and references for staff to 'see the MAR' (medication administration records). The MAR for this person showed the medicines were not discontinued and the staff were administering these medicines in accordance with what the GP had prescribed. Also, the health and nutrition care plan for another person was dated June 2014. There were amendments including where the staff had amended and dated information about this person being due to have surgery. However, when the surgery occurred, the information was not updated.

- Quality assurance systems were used to assess service delivery. Monthly self-assessment audits were completed by the registered manager. Audits were based on outcomes, how they were met and the action required for shortfalls. There was an action plan for the whole team to renew care file dividers and that Keyworker review meeting were sporadic. The findings of the inspection did not reflect the registered manager's March 2019 self-assessment audit for records including care plans.

The above concerns demonstrated a failure to ensure records were complete, legible, accurate and up to date. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- ☐ Quality assurance visits from the provider were monthly. The minutes of the October 2018 visit showed there were checks of the property and equipment. No actions were set from this visit.

- A registered manager was in post. The registered manager told us, "I am present I manage two houses the staff know my hours. My contact details are known. I am calm and approachable. Staff know they can come to me and I will try and resolve issues."

- The staff team worked well together. A member of staff said, "I like the team. We are all unique. There is a

lot of support within the team. The registered manager is very good. She is here three days per week on all other times she can be contacted by phone. I wouldn't work here if I didn't agree with the way people are cared for."

- The staff received feedback from the registered manager which enabled them to take the actions needed. Team meetings were held to cascade information, discuss people and policy changes as well as developing action plans once agreements were reached. We noted there was an action to provide level access into the home and at the time of the inspection the ramp was being installed.

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

- Staff and people felt valued by the organisation. A member of staff said the values of the organisation included "promote independence and provide dignity. Support people to fulfil their full potential. Making sure people's needs are met." Another member of staff said "I can approach staff when I have problems the organisation values the staff."

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

- The views of people and staff about the service were gathered through questionnaires. □
- The people that responded gave positive responses about their experiences of living at the home and about the staff.
- The provider received feedback from staff which related to staffing levels in the surveys dated 2018. For example, staff would like to have more staff on duty during peak periods.

Continuous learning and improving care

- The registered manager said the staff were encouraged to review "what could be done better". The registered manager said staff completed reflection logs following incidents and training. During one-to-one meetings there were opportunities for staff to reflect on their performance. Action plans to improve the service were set at team meetings from reflection on the comments received from staff and people.

Working in partnership with others

- The registered manager said there were good working partnerships within the organisation and with other social and healthcare professionals. The registered manager said, "within the organisation we work with staff in head office, course coordinators and with day care services." For example, Community Team for people with Learning Disabilities (CPLD) and Mencap visitors.
- There were visits from commissioners and the report from their visit in 2018 was positive.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Records in respect of each person were not up to date and accurate. Records were not clear on the care and treatment provided to people and of decisions taken in relation to the care and treatment provided.</p>