

# Day Opportunities Ltd

## North View

### Inspection report

Halifax Road  
Todmorden  
West Yorkshire  
OL14 5QG

Tel: 01706810463  
Website: [www.lifetimeopportunities.co.uk](http://www.lifetimeopportunities.co.uk)

Date of inspection visit:  
06 August 2019  
12 August 2019

Date of publication:  
30 September 2019

### 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

North View is a residential care home providing personal and nursing care to four people with learning disabilities. The service can support up to six people. The care home accommodates five people in one building and one person in a separate unit.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

Systems were in place to safeguard people from abuse. There were enough staff to meet people's needs and the same staff supported people which ensured continuity of care. Risks to people were assessed and managed. Medicines were managed safely although some minor recording issues were noted; these were dealt with promptly. Systems were in place to reduce the risk of the spread of infection.

Staff had the skills and knowledge to deliver care effectively and they received good support from colleagues and the management team. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Healthy lifestyles were promoted and systems were in place to make sure people's health needs were met. The management team said they were going to review the system for menu planning and meal monitoring to make sure they could show people were supported to maintain a balanced diet.

People had a positive experience living at North View and were comfortable in the company of staff who supported them. Staff knew people well and consistently interacted with people in a person-centred way. A high emphasis was placed on supporting people's family, as well as the person themselves. Staff understood how to provide care which promoted people's privacy, dignity and independence.

People were involved in the support planning process and encouraged to identify personal goals. Everyone engaged in person-centred activities which included accessing the local and wider community. Care records identified how care should be delivered although some recent guidance was generic and some information was duplicated. Plans were in place to review and streamline the support planning process. The service used innovative approaches which ensured people's communication needs were met. Systems were in place to deal with formal complaints.

Feedback about the management team was consistently good. The registered manager was well supported

by the unit manager.

Quality management systems were in place although some of the issues picked up during the inspection had not been identified by the provider. The management team was responsive and where appropriate took swift action to address shortfalls. They were keen to develop and improve their systems and provide people with quality care.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection: The last rating for this service was good (published 17 February 2017). Since this rating was awarded the registered provider has altered its legal entity. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

# North View

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

One inspector carried out the inspection

#### Service and service type

North View is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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

Day one of this inspection was unannounced. Day two was announced because it is a small service and we needed to be sure that the registered manager would be available to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with one person who used the service about their experience of the care provided. We spoke with five members of staff including the registered manager, unit manager and support workers. We spent time in communal areas observing care to help us understand the experience of people who could not tell us about their experience.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

After the inspection

We looked at training data and quality assurance records. We spoke with three relatives about their experience of the care provided.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- One person told us they felt safe living at North View. Relatives told us they had no concerns about the safety of their loved ones.
- Staff could recognise and knew how to report safeguarding concerns. They received relevant training and regularly discussed safeguarding at team meetings.
- The registered manager confirmed there were no open safeguarding cases at the time of the inspection.

Assessing risk, safety monitoring and management

- Effective systems were in place to manage risk.
- People talked about keeping safe at individual and resident meetings. One person explained what they would do in the event of a fire and said they had practiced this.
- People had risk assessments which showed potential hazards were assessed and minimised.
- Guidance around managing behaviours that challenged identified how people should be supported. Staff received training which included de-escalation and behaviour management.
- Checks had been carried out by staff and external contractors to make sure the premises and equipment were safe. On day one of the inspection fire practice records did not include staff names although the management team were confident all staff had been involved. When we returned for day two, three fire practice sessions had been carried out and staff names were recorded.

Staffing and recruitment

- The service had a stable workforce and people received support from the same group of staff, which included some agency workers. This ensured people received continuity of care. A relative told us they had previously been worried about the use of agency staff but were satisfied, "They are now using the same."
- There were enough staff to meet people's needs which included supporting people to go out on a frequent basis.
- Robust recruitment practices were followed, which ensured suitable staff were employed.

Using medicines safely

- Systems were in place for managing medicines safely and people received their medicines as prescribed.
- Daily checks were carried out to make sure people received their medicines and medication administration records (MAR) had been correctly completed.
- Medicines were stored appropriately, and systems were in place for ordering and disposal.
- People had protocols to guide staff around administration. Topical charts showed where creams and lotions should be applied. The registered manager agreed to include some additional guidance in relation

to administration of one person's eye drops to make sure staff fully understood how to apply.

- One person's MAR guidance did not match the record on the medicine container. This was because the prescriber had changed the person's medicine, but the MAR had not been amended. There was no information to show this had led to harm and a separate care record showed the person had received the correct medicine. Another person's MAR was confusing because the stock balance had not been recorded at the beginning of the cycle. The registered manager corrected both records as soon as it was brought to their attention. They agreed to discuss the recording issues with staff to ensure these did not reoccur. On one person's MAR we noted some staff signatures and a code for 'not required' looked similar. The registered manager said this had been brought to their attention by the dispensing pharmacist, the previous week and had been dealt with at the time.

#### Preventing and controlling infection

- People lived in a clean environment.
- Staff followed infection control procedures by wearing appropriate protective clothing and received infection control and food hygiene training.

#### Learning lessons when things go wrong

- Accident and incidents were recorded and showed action was taken to reduce the risk of repeat events.
- All accident and incident reports were robustly monitored by the management team and senior managers to determine if there were any lessons to be learned.



# 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.

This is the first inspection for this newly registered service. This key question has been rated Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care needs were regularly reviewed and support plans were updated.
- The provider gave examples, in the PIR, of how they used best practice and national evidence based clinical guidelines such as British Institute of Learning Disabilities and The National Autistic Society Accreditation Process.
- The provider used standard support planning and risk assessment documentation, which ensured everyone was familiar with the format. The registered manager said they were in the process of exploring an electronic care recording system and introducing talking support plans. They showed us an example which had already been developed with a person who used another of the provider's services.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and had the skills to carry out their role and responsibilities.
- Staff received relevant training which was refreshed at regular intervals.
- Staff felt well supported through regular supervision with their line manager and from colleagues. One member of staff said, "The team is good. [Name of unit manager] is very hands on and you get a positive response when you do ask." Another member of staff said, "I have raised things in my supervision and they have been resolved and discussed at the next supervision."

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

- People were involved in choosing what they wanted to eat. One person used photographs of food to decide what they were going to eat for their evening meal. Another person told us they went out shopping with staff to buy fresh produce from local shops. They said they enjoyed the meals and ate their favourite foods.
- People's care records contained information about their dietary requirements and preferences. Some information around healthy eating was displayed in the kitchen/dining area.
- Staff talked about how they ensured people had varied menu choices although formal menus were not used. Food records of meals served were usually completed, but not consistently, so it was not clear everyday what people had eaten. On day two of the inspection a food record had been introduced for one person who chose a restricted diet. The management team said they were going to review the system for menu planning and meal monitoring to make sure they could show people were supported to maintain a balanced diet.

Supporting people to live healthier lives, access healthcare services and support: Staff working with other agencies to provide consistent, effective, timely care

- Care records showed people had visited a range of healthcare professionals to ensure their needs were met. Information about people's medical conditions was readily available.
- People had hospital passport grab packs which ensured, in the event of a hospital admission, health professionals would be provided with key information about the person and their needs.
- Healthy lifestyles were promoted. Staff provided examples where people had improved their quality of life through increased levels of activity, walking and weight loss.
- The management team and staff requested guidance and advice where appropriate, for example, speech and language therapists and behaviour support team.

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

- People lived in a suitable environment which enabled them to do things more independently, for example, one person was supported to use the domestic hob to make scrambled eggs for their lunch.
- People were comfortable in their surroundings and freely accessed all areas.
- People's rooms were personalised and spacious. Everyone had their own bathroom facility; four were ensuite.
- A one-bedroomed self-contained unit had recently been built and was vacant at the time of the inspection; the registered manager said this was developed in response to people's needs and would enable further independence.

#### 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 when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was working within the principles of the MCA.
- The management team had made appropriate applications for DoLS authorisations. They had oversight of which people were subject to such authorisations and when they were due to expire.
- Staff had an appropriate understanding of the requirements of MCA and confirmed they had completed relevant training. Some were unsure who was subject to an authorised DoLS; the registered manager said they would go through this at the next team meeting.
- People had capacity assessments when they were unable to make decisions about some specific areas of their care. Other people, such as relatives, were involved in supporting the best interest decision-making process. The management team had noted, prior to the inspection, some assessments required updating and were in the process of reviewing these.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good: This meant 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 had a positive experience living at North View. One person told us they liked living at the service. A relative said, "I know he's happy there; he loves going back because it is his home."
- People were comfortable in the company of staff who were supporting them.
- Staff consistently interacted with people in a person-centred way. For example, staff knew the different communication methods that were appropriate for each person.
- Care records had personalised information about people's likes, dislikes and background.
- Through observations, talking to people who used the service, staff and relatives, and reviewing people's care records, we were satisfied the rights of people were protected and care was delivered in a non-discriminatory way.
- Systems were in place which promoted equality and diversity for people who used the service and staff.

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

- Staff were observed encouraging people to make day to day choices, for example, where they wanted to sit and what they wanted to drink. One person said, "I go shopping on a Saturday and choose my shower gel." They showed us the shower gel and said, "I really like it."
- Staff provided examples of how people were given choice and control. They described different ways people expressed their views and wishes. One member of staff said, "We are support workers and that what we are there to do. It is really person centred."
- A high emphasis was placed on supporting people's family, as well as the person themselves. For example, monthly letters were sent to make sure family members knew what had happened the previous month. A relative said, "We get a letter and it tells us everything [Name of person] has been doing which is helpful so we can talk about it when they visit us." Another relative said, "We get photos and feedback."
- One relative was overall complimentary about the service but felt sometimes their opinion was different to those who worked at North View. The registered manager agreed to support everyone involved to understand others' points of view.

Respecting and promoting people's privacy, dignity and independence

- Staff spent time with people on an individual basis but also ensured they had space and time alone when it was appropriate. When people spent time on their own staff remained vigilant.
- Staff were respectful of people's privacy. For example, they knocked on doors and called out before they entered people's bedrooms.
- Most staff who worked at the service had a health and social care qualification which focuses on

promoting and delivering good quality care.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences: Supporting people to develop and maintain relationships to avoid social isolation: End of life care and support

- People received person-centred care. Staff knew people well and understood how to provide care to meet people's individual needs.
- People engaged in person-centred activities which included accessing the local and wider community. One person said, "I go out for lunch, go for cake and coffee, and go to the cinema."
- People were involved in the support planning process through weekly, monthly and key worker meetings. They identified goals, which had helped people to develop new opportunities. A relative told us, "[Name of person] likes reading through their red book [daily notes], we have seen them get it out of the office and read it." Another relative said they attended reviews and regularly visited the service but felt they could be more involved in the support planning process.
- People had detailed care records that identified their preferences and how they wanted their care delivered. Some recent guidance had been added to people's support plans, but this tended to be generic, for example, 'suitably trained staff to support [name of person] to take their medication as prescribed'. The registered manager said they were reviewing the support planning process and would ensure all guidance was person centred. On day two of the inspection we saw the generic guidance was being reviewed and amended accordingly.
- People's care files were vast and sometimes information about people's care was duplicated; this meant it was sometimes difficult to locate up to date information. The registered manager said they were starting to streamline the care files to make them more accessible. They were also looking at exploring people's end of life wishes.

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service used innovative approaches to communication which ensured people's communication needs were identified and met.
- During the inspection staff communicated with people in a person-centred way and used aids such as photographs and pictures. People were responsive, for example, one person pointed to pictures when staff spoke about what they were doing next. Another person had a daily plan in their room; this had pictures of the activities they were doing and a photograph of the staff who was supporting them.

- Situated around the service were talking aids which helped people understand fire and complaints procedures, and the role of CQC. Food choices for the day were also explained using multiple formats.
- The service used photographs to help people decide future activities.

Improving care quality in response to complaints or concerns

- The provider had systems in place for dealing with complaints and concerns.
- The complaints procedure was displayed near the entrance and positioned so visitors would see it.
- The registered manager said no formal complaints had been received. They provided examples of how they had responded and improved their systems in response to people's comments.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good: This meant 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: How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their legal responsibilities. They were well supported by a unit manager.
- The management team were open and transparent during the inspection process. They shared areas where they wanted to improve and their vision for the future.
- Statutory notifications had been received by CQC. These showed the provider had taken action and responded appropriately.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people: Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- All staff we spoke with said the provider and management team promoted high standards of care. They said they enjoyed working at North View and would be happy to have a relative use the service.
- Regular individual and group meetings were held and everyone was encouraged to share their views. People who used the service talked about things they would like to do. For example, one person said 'aeroplanes' and their records showed they had visited the airport soon after. Another person had gone to a water park.
- Staff were encouraged to put forward suggestions and ideas which had recently included improving people's social activities. They had also discussed topics that were relevant to their role such as health and safety, confidentiality and staffing. One member of staff said, "We have opportunity to bring something to the table and discuss things."

Continuous learning and improving care: Working in partnership with others

- The staff team, unit manager, registered manager and provider carried out checks and audits. They identified areas to develop and improve.
- During the inspection some issues were noted around management of medicines, monitoring of meals and care records. The management team were responsive to the inspection findings and where appropriate took swift action to address shortfalls.
- Some information was not readily accessible. The registered manager said staff had been working on these records. They said the provider was reviewing the care recording system but, in the meantime, they would ensure records were available in people's files.

- The management and staff team worked positively with key organisations to benefit people using the service and improve service development.
- The service was working with the National Autistic Society to improve quality and achieve accreditation.