Life Opportunities Trust

Life Opportunities Trust - 9 Hitchin Road

Inspection report

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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?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection was carried out on 23 November 2015 and was unannounced.

Life Opportunities Trust- 9 Hitchin Road provides accommodation and personal care for up to seven people with varying learning and physical needs. There were seven people living at the service on the day of our inspection. There was not a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (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 and associated Regulations about how the service is run. The previous manager was still registered at the home, however, the current manager had been in post for 18 months without submitting an application for their registration. This was an area that required improvement.

At the last inspection on 3 June 2013, the service was found to be meeting the standards. At this inspection we found they had continued to meet the standards.

The Mental Capacity Act (2005) provides a legal framework for making particular decisions on behalf of people who may lack 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. Where 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS)

We checked whether the service was working in line with the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that most people living at the service were able to make their own decisions and those who were unable had their capacity assessed. The manager and staff understood their roles in relation to DoLS. DoLS applications for people who received constant supervision were pending an outcome.
People received care that met their needs and staff knew them well. People were involved in planning their care and the manager and staff team valued their views. There were arrangements for to seek their views through meetings and surveys.

People felt safe at the service and risks were reduced through good communication in the home. Medicines were managed safely. Staff knew how to help keep people safe and how to respond to any concerns. Staff had received appropriate training for their role, felt supported and regular one to one supervision had commenced. Staffing levels were set by the provider and these did not fluctuate depending on people's needs. In addition the home had experienced recent staffing shortages.

People told us that staff were caring and they were supported to eat and drink as needed.

People had regular access to the community through day centres, church and clubs. Activities were available and people could choose how they spent their day.

There were systems in place to monitor the quality of the service and action plans developed to address any issues found. However, actions relating to the required refurbishment of the service had not yet been developed and the manager was awaiting the provider's involvement to address these.

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.

People were supported by sufficient staff on the day of our inspection. However, this had not been monitored or reviewed to ensure this was consistent.

People felt safe and staff knew how to report concerns.

People's individual risks were assessed and reduced.

Medicines were managed safely.

Is the service effective?

Good

The service was effective.

People were supported by staff who were suitably trained.

People were supported in relation to MCA and DoLS.

People were supported to eat and drink well.

People had access to health and social care professionals.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect.

People were involved in planning their care.

Relationships with family and friends were encouraged.

Is the service responsive?

Good

The service was responsive.

People received care that met their needs in a way they preferred.

Care plans and in house communication provided staff with guidance on how to meet people's needs.

There were activities provided, although staffing levels may impact in these.

People's feedback was sought and complaints responded to appropriately.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The manager for the service was not registered with the CQC.

The appropriate notifications were not always sent to the CQC.

There were systems in place to monitor the quality of the service. However, these had not addressed issues in relation to cleanliness and maintenance of the service.

People and staff were positive about the leadership.

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Life Opportunities Trust - 9 Hitchin Road

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2014 and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This visit took place on 24 November 2015 and was carried out by one inspector. The visit was unannounced. Before our inspection we reviewed information we held about the service including statutory notifications relating to the service. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with three people who lived at the service, two relatives, three members of staff, and the manager. We received feedback from health and social care professionals who visited the home. We viewed three people's support plans. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us due to complex health needs.

Requires Improvement

Is the service safe?

Our findings

People were unable to tell us their experience of staffing levels. We observed that during the inspection, people were supported in a timely manner. However, we did note that staff were busy with tasks throughout the inspection and there was no time available to sit and speak with people or provide any additional support with hobbies and interests. A health care professional told us that they felt staffing had been an issue over recent months and this had been difficult for the home. The manager and staff told us that their roles included providing care for people, ensuring they could access day centres and hospital appointments, cleaning, cooking and providing activities during the shifts. We saw, and were told by the manager and staff, that the manager was required to provide support and care to ensure people were not left waiting for support. There was no dependency tool used at the home to assess people's needs in relation to the number of the staff required. The manager told us that the provider set the staffing levels and these did not fluctuate depending on activities and outings occurring that day. This was an area that required improvement.

Recruitment at the home was managed by the HR department at head office so we were unable to review recruitment files. The manager told us, "They review all application forms and send me a shortlist, I then arrange interviews for those I think are suitable for the home." They went on to say that all checks such as references and criminal record checks were completed by HR. They said, "It can take a while but people don't start work until they've received everything." We saw that an interview taking place on the day of our inspection was conducted by the manager and a manager from another home within the organisation. We noted that the manager had interview questions and proof of identity was taken. The home was recruiting for three full time positions.

People were unable to verbalise in detail their views at the service, however, when asked, they told us that they felt safe either by answering, "Yes.", or nodding. People were relaxed when staff approached them and when supported with tasks. Relatives were confident that people were safe. One relative told us, "[person] is definitely safe."

Staff had a good understanding of abuse, how to recognise potential abuse and how to report any concerns both to their manager and to external organisations such as the CQC. We saw that staff had received training on how to protect people from abuse and there was information displayed around the home.

People had their individual risks assessed and managed. Staff were familiar with how to support people safely and this was communicated daily at handover meetings and discussed at monthly team meetings. One staff member told us, "We all sit down together and go through each person so we all know how everyone is." We saw that staff supported people in accordance with their risk assessments. For example, supporting with eating safely when they were at risk of choking.
Accidents and incidents were recorded and reviewed by the manager to ensure any action to reduce a reoccurrence was completed. This information was also provided to the regional manager who reviewed the information to help identify themes or trends. We saw when a person had suffered reoccurring falls from

their bed, remedial action was taken. For example, crash mats on the floor, a sensor mat to alert staff to the fact the person had fallen and hourly checks. The manager told us, "Bedrails are not an option as he doesn't want them and that would be restraint." This demonstrated that the manager had considered how to keep the person safe without adding restrictions to their independence.

People's medicines were managed safely. We saw that staff worked in pairs when dispensing and administering medicines. There was also a running total of all medicines so that staff could check that they had dispensed the correct medicine and dose. The manager told us, "We started this after previous errors [missed doses] and it helps to prevent any mistakes." We counted the medicines and found that the quantity of four boxes in stock and found this was the same as the quantity recorded. Boxed and bottles medicines were dated on opening and there were clear instructions on how and when each person had their medicines. This helped to ensure that people received their medicines in accordance with prescriber's instructions.

Good

Is the service effective?

Our findings

People were supported by staff who had received the appropriate training for their role. A relative told us that staff worked in accordance with their training, they said, "They hoist [person] now, it's all to do with health and safety." Another relative said, "They are amazing, I don't know how they do it." Staff told us that there was plenty of opportunity to develop their skills and this was encouraged by the manager and provider. We saw from training records that staff had received training in areas such as safeguarding people from abuse, health and safety, infection control and dementia but also in subjects to enable them to provide safe care to the people they supported. For example, epilepsy, autism and training to provide support with Percutaneous Endoscopic Gastrostomy (PEG) feeding.

The manager told us that supervisions had not all been completed but these had recently commenced again. They said this was due to recent changes to the staff team. Staff told us that they felt supported by the manager and would go to, and indeed had spoken to, them with any concerns, issues or requests. They told us this included requesting to attend additional training. The manager told us that some staff had recently been allocated a slot on the level three diploma as they wished to develop their skills.

People were encouraged to make their own decisions and as some people were unable to verbally communicate, staff used a variety of visual prompts. For example, for those who could not verbalise their choice, picture cards, signing and gestures were used as indicators. Staff were clear that not being able to verbalise choice did not indicate people did not have capacity. One staff member told us, "You just need to know how each person communicates and help them do this." Staff told us that there were some people who did not have capacity to make their own decisions but were supported by family and friends. The manager told us one person had an advocate who was very supportive to the person they visited. They also said, "We are blessed here with supportive families, we involve them in decisions for people who don't have capacity, however, if we ever felt they weren't acting in their best interests, then I'd insist on an advocate. The manager had applied for DoLS on the basis that everyone was under constant supervision, however, accepted that some people did have capacity so this would not relate to them. They told us, "I felt it was best to apply and be guided by the local authority." This demonstrated that the manager and the staff team were working in people's best interests.

People were supported to maintain a healthy and balanced diet. One person told us they liked the food. We saw one person asked by a staff member to go into the kitchen and choose what they would like for lunch. The menu was displayed in the dining area and there was advice displayed about healthy eating choices. We noted that people who needed assistance to eat and drink were given the appropriate support and there were aids in place to help people eat independently. One person who was taking their time to eat was discreetly assisted. For example, telling the person where the food was on the plate and not rushing them. We heard staff discuss the food with people, checking they were ok and enjoying their meal. For example, "It's one of your favourites, is it nice?" People who were at risk of not eating or drinking sufficient amounts had their intake monitored and their food fortified to increase calorific intake. Any concerns in relation to a person's intake or ability to swallow, were referred to the relevant health care professional.

People had access to health and social care professionals when needed. We saw from records that people were visited by the GP, dieticians and mental health teams and supported to attend other appointments. A health care professional told us that staff were committed to providing the right support for people and took advice on board an acted on it.

Good

Is the service caring?

Our findings

People were unable to verbalise in details their views on the staff at the home. However, when asked if staff were kind and caring, they told us that they were and one person told us, "I like it, I've been here a long time." We also noted that people were pleased to see the staff as they greeted them or provided support. For example, smiling or gesturing hello. Relatives told us that staff were caring. One relative told us, "It's a nice environment." Another said, "The staff are wonderful." They went on to say that staff were very caring. We saw staff were gentle when assisting someone and gave reassurance by holding a person's hand or touching a person's shoulder. After supporting someone to put their feet up, a staff member asked, "Does that feel better?" Throughout the day we heard and saw staff checking people were feeling ok, if they needed anything and if they were comfortable.

People were treated with respect and their privacy was promoted. We saw that staff spoke discreetly to people when offering assistance and bedroom doors were closed when people were in bed or receiving personal care. We saw that where people wore clothes protectors, these were changed as soon as they became wet or soiled, and when being assisted to eat, drips and spills were cleaned up straight away. This demonstrated that people's feelings were important and staff wanted to promote their dignity. We also noted that the way the manager and staff spoke about people was respectful. The words staff used to describe people's needs were kind and demonstrated they thought of people as individuals. Staff were able to describe what was important to people and their preferences. Staff knew people well and had learnt how people chose to communicate and as a result were able to have effective communication and able to provide the support each person requested.

People were involved in planning and reviewing their care. Staff told us that they spent time, communicating in a way that helped people understand, such as picture cards, to ensure that choices and preferences were reflected in care plans. We saw that people had been invited to sign their plans and where they were unable, a statement was included stating that the plan had read to the person and it included how the person indicated their agreement. For example, nodding. A health care professional told us that they were recently invited to a whole life review for a person and the service considered all aspects of the person's life.

Staff were familiar with the term person centred care and explained to us what it meant to them. One staff member talked about individuality and said, "It's not about all doing the same thing, it's about opportunity to do different things, things they're interested in." They went on to say they enjoyed working at the service because, "I like how people are treated, like you and I, normal people." The staff member had worked in other care services and felt that the manager and team shared their views and as a result people received care and lived their lives in a way which they preferred. Another staff member told us, "We care about the individual, know their personalities. This is the best place I've worked for that."

The manager and staff acknowledged the importance of family and friends and ensured people were able to maintain their relationships. Visitors were invited to events at the home, such as the upcoming Christmas party, and there was a communication book which recorded contact with relatives or friends.

Good

Is the service responsive?

Our findings

People told us that their care needs were met in a way that they liked. Although, not everyone was able to verbalise their experiences we noted that staff communicated well with people and responded to their requests appropriately. For example, when getting ready to go out or support with personal care. We saw that people received care in an unrushed way and staff knew their routines. For example, if they were getting ready for work or to go to a day centre. Relatives were also positive about people's needs were met. One relative said, "They look after [person] in every respect, everything [they] needs."

People had clear care plans in place which gave staff instruction for all their daily needs and preferences. We saw that these were reviewed regularly and their goals reviewed to see if people had met them. One person's goal for the year was to visit a landmark but they had not yet achieved this. The manager was aware and told us, "[Person] was unwell so we have rearranged it." Care plans also included people's weekly schedules so that they and the staff team knew when they were going out.

People had the opportunity to go out most days during the week. We saw that there were planned visits to day centres and clubs for people. We also saw where people were unable to access day centres, they had a one to one session allocated which was used to support them to go out for walks, shopping or other activities they chose. On occasion this was to relax under blankets with the staff member watching films. A support worker was responsible for coordinating activities inside the home and was planning the winter wonderland theme for the Christmas period. People who lived at the home had chosen the theme and were planning to make all the decorations and set up for the upcoming festivities the coming weekend. We noted that people had individual activities to do when they were at home. For example, colouring and drawing or playing with activity objects. One relative told us that their family member enjoyed activities that they had not previously been able to participate in which included going to the shops to buy ingredients then going home to bake cakes. They also said that they were going out more than they ever had previously. The relative told us, "[They] go out all the time, it's really nice."

There was information displayed around the home on how to provide feedback or make a complaint. People were encouraged to give their views during meetings and at the twice yearly survey. The surveys were printed in easy read format to help everyone get involved. Most feedback was positive with the only suggestions for improvement stating more staff was required. We saw that this had been on the previous year's survey too but there had not been an increase to staffing. We raised this with the manager to discuss with the provider. Surveys were also sent to people's relatives and professionals that visited the home. We noted that all feedback was positive with no actions arising.

There was a complaints policy in place but the home had not received any recent complaints. Those received previously had been dealt with appropriately. The manager told us, "I've told the staff that even if someone complains there tea is too hot, we need to look at it for themes and how we can put it right for them." This approach demonstrated that the manager was committed to providing a home people were happy to live in and that they valued people's opinions.

Requires Improvement

Is the service well-led?

Our findings

People who lived at the service knew the manager and responded to them with familiarity. The manager at times worked providing support to people when support staff were assisting others or out with people. We noted that the manager knew people well and had previously been the deputy manager for a number of years before taking the role as manager in April 2014. However, they had not applied for their registration with the CQC as required, nor had the previous registered manager had their registration removed from the service. We discussed this with the manager and told them this was a requirement and they, along with the provider, must make arrangements to ensure the application was carried out. This was an area that requires improvement.

The service did not always send the required notifications to the CQC when there were notifiable events in the home. For example, informing the CQC of the manager leaving and medicine errors such as missed doses. The manager told us that they were not aware of the need to do so. They reported incidents to the local authority but was working in accordance with out of date information relating to CQC notification requirements. The manager told us that they would send any future notifiable events to us with immediate effect.
There were regular audits and checks completed throughout the home to ensure it was running safely and effectively. Where issues were identified, an action plan was developed and worked through. For example, gaps in daily notes were addressed through team meetings and the communication book as agreed in the action plan. However, the home required some refurbishment. Many areas of carpets were stained and there was an odour present from these in the upstairs areas. We also saw that bathrooms and toilets had broken or missing tiles, flaked paint and flooring that was not sealed as it was coming away from the edges. These areas made the environment difficult to clean and therefore posed as an infection control risk. These areas had not been identified in the quality assurance checks and audits. The manager told us that they had discussed it with their regional manager and they were arranging to visit the home and develop a refurbishment plan. However, this had not yet been completed and was an area that required improvement.

Staff were positive about the manager and felt they provided leadership in the home. One staff member told us, "[They] are very approachable." Another staff member told us, "It's well managed. Sometimes we're short staffed and [the manager] helps out." Relatives were also positive about the manager. One relative said, "Very approachable and always speaks nicely to me with anything I ask."

The manager and staff shared a 'people first' attitude. The values and vision of the provider were displayed throughout the home and this approach was practised in the home. For example, we heard people being spoken with respectfully and staff worked hard to ensure people's needs came first and other areas, such as records, were secondary to this. The manager and staff told us that they appreciated that records were a necessity but people's care needs would always come first. The manager had been working to support staff in getting care records completed and up to date but acknowledged that some plans had work needed. However, people's needs were reviewed and communicated through the team at meetings and handovers to ensure that this did not impact on care delivery.

There was a communications book that staff were expected to read and sign at the beginning of each shift. This was used to share any lessons learned, new information and any required actions. The manager also reviewed this book to ensure staff were reading and signing the information and flagged it up as an issue with individuals if they hadn't done so.

People had regular access to the community. There were a range of venues attended which included church, day centres and sports clubs. Relationships with family and friends were encouraged and facilitated through events and meetings at the service.