

Ordinary Life Project Association(The) Ordinary Life Project Association - 3 Mallard Close

Inspection report

3 Mallard Close
Melksham
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Website:

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Ratings

Overall rating for this service

Good 

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?

Good 

Overall summary

Ordinary Life Project Association - 3 Mallard Close provides accommodation and personal care for up to four people with learning disabilities. At the time of this inspection two people were living at 3 Mallard Close. The home was last inspected on 28 November, and was found to be meeting all of the standards assessed.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

People were having homely remedies intended for occasional use and for minor ailments daily and over significant periods of time. This meant people may have a

Summary of findings

persistent condition that requires the attention of a healthcare professional. Protocols did not say how long people should take these remedies before contacting the GP. Where people were able, they self-administered their medicines with support from the staff. Members of staff were competent in the administration of medicines.

People were aware a complaints procedure was in place and the procedure was in an easy read format. There were no complaints received since the last inspection. The complaints procedure included outdated information on other statutory organisations that can be contacted. This meant people may not know who to contact should their complaints not be satisfactorily resolved by the organisation.

Staffing rotas had some flexibility for people to participate in community based activities. For example, two staff were on duty once a week, for people to participate in separate activities. One person said they received the attention they needed from the staff.

Risk management systems ensured where risks were identified, action was taken to reduce the level of risk. Accidents and incidents were analysed to ensure the actions in place reduced any repeat occurrences of the accident.

People said they felt safe at the home and the staff knew the signs of abuse and the actions to take if they suspected abuse.

The training provided ensured the staff had the necessary skills and insight to meet people's needs. Systems that monitored staff performance and progression such as one to one, team meetings and appraisals were in place to support staff with their roles and responsibilities.

People were able to make day to day decisions. Where staff had concerns about people's understanding of specific decisions, their capacity to make these decisions was assessed. Members of staff showed a good understanding of the principles of the Mental Capacity Act (MCA) 2005.

People said they liked the staff and we saw people smile as staff approached them. We saw staff use a gentle approach to support one person and humour with another person. One person said they were able to pursue their hobbies and interest and volunteered outside the home.

People were supported with their ongoing health and ensured their advice was actioned to improve people's health. For example, changing to a gluten free diet.

Support plans that met people's current needs were in place. One person said they were involved in the planning of their care. Support plans were based on the things that were important to them and how people liked their care and treatment to be delivered.

A system to gain people's views was in place. House meetings, questionnaires were used to gain feedback. Positive feedback was received from the questionnaires on the standards of care at the home.

Quality assurance arrangements in place ensured people's safety and well-being. Systems and processes were used to assess, monitor and improve the quality, safety and welfare of people. There were effective systems of auditing which ensured people received appropriate care and treatment. The system of audits included care plans and medicine management.

We have made a recommendation about the management of some medicines.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not fully safe.

People were having homely remedies daily and over a long period of time. Guidance from healthcare professionals on long term use of homely remedies was not sought. Where people were able they were supported to self administer their medicines.

People said they had the attention they needed from staff.

People felt safe living in the home and staff knew the procedures they must follow if there were any allegations of abuse.

Risks were assessed and staff showed a good understanding of the actions needed to lower the level of risk to people

Requires improvement



Is the service effective?

The service was effective.

People were able to make day to day decisions. Where there were concerns of people's understanding of specific decisions to be made their capacity was assessed.

Members of staff benefited from one to one meetings and appraisals with their line manager. At the one to one meetings staff discussed their performance and concerns.

People dietary requirements were catered for at the home.

Good



Is the service caring?

The service was caring

People received care and treatment in their preferred manner which respected their human rights.

Members of staff were respectful and consulted people before they offered support. People said their care and treatment was delivered in a dignified manner.

Good



Is the service responsive?

The service was responsive.

People knew a complaints procedure was in place and who to approach with their complaints. The complaints procedure gave outdated information about the Care Quality Commission powers to investigate complaints. This meant people may not know who to approach should their complaints not be resolved by the Ordinary Life Project Association.

Good



Summary of findings

Care plans reflected people's current needs and gave the staff clear guidance on meeting people's needs.

People had opportunities to pursue their hobbies and interests. People attended clubs, participated in community activities. For example one person was a volunteer.

Is the service well-led?

The service was well led.

Effective systems to monitor and assess the quality of care were in place which ensured people received consistent standards of care and treatment.

Systems were in place to gather people's and staff's views. People were satisfied with the quality of services but staff made comments on improving the service. The registered manager developed an action plan from the comments received.

Members of staff worked well together to provide a person centred approach to meeting people's needs.

Good



Ordinary Life Project Association - 3 Mallard Close

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.

This inspection took place on the 5 November 2015 and was unannounced. The inspection was completed by one inspector.

Before the inspection, the provider 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 also reviewed all of the information we hold about the service, including previous inspection reports and notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us.

During the visit we spoke with one person who used the service, the registered manager, area manager and two members of staff. We spent time observing the way staff interacted with people who use the service and looked at the records relating to support and decision making for two people. We also looked at records about the management of the service.

Is the service safe?

Our findings

People were aware of the purpose of their medicines. Members of staff were competent to administer medicines and said medicine training was provided.

The medicine file included the person's photograph to ensure staff were able to confirm people's identity, medicine information leaflets and medication administration records (MAR). MAR charts gave the directions for administration which staff signed to show administration. We saw staff were recording specific administration instructions on the MAR. However, the instructions for one person was difficult to read and there was insufficient detail. For example, the length of time the person was not able to lie down for, after administration was included in the MAR.

People were taking over the counter medicines such as pain relief, vitamin supplements and using eye wash. Protocols for these medicines gave instructions on administration and for pain relief the maximum dose to be administered was also included. However, how long the medicine or product should be used before referring the person to a GP was not included. People were purchasing some of these medicines and these were being administered daily and over a long period of time. This meant people using homely remedies over long periods of time may have a persistent illness that requires attention from a healthcare professional.

We recommend that the service consider current guidance on long term use of over the counter medicines and take action to update their practice accordingly.

We spoke with one person who said they felt safe living at the home. Members of staff knew the signs of abuse and the actions they must take when abuse was suspected. They said safeguarding of vulnerable adults training was provided annually by the organisation.

Staff said risk assessments were developed to keep people safe. For example, a risk assessment was in place for one person with mobility impairments and for another person to leave the home without staff support. A member of staff said risk assessments were regularly reviewed to ensure people's needs were met.

Contingency plans were in place for the safe evacuation of the property in the event of an emergency. There was information on the utilities such as gas boilers and water supply and their locations. Fire risk assessments detailed the possible sources of fire and the preventative action. For example, fire safety systems were checked to ensure they were operating correctly and staff were to receive three monthly fire safety training.

People said they had the attention they needed from the staff. A member of staff said except on Thursdays one member of staff was on duty throughout the day and night. They said on Thursdays two staff were on duty to support two people on separate activities. The staffing rota confirmed the statements made by the staff.

Is the service effective?

Our findings

People received care and treatment from staff who were competent and supported to undertake their roles and responsibilities. A member of staff said one to one meetings with their line manager happened regularly. The records of one to one meetings we looked at described the areas discussed and actions to be taken for example, reflective logs were introduced for training completed.

Staff attended training which ensured they were able to meet people's needs. We looked at a training records of the training attended which included Common Induction, moving and handling and food safety.

People living at the service had capacity to make decisions. One person said they made their own daily living and financial decisions. For example, they organised their allowances to spend during the week. Members of staff said people were not subject to continuous supervision. We saw people moving around the property freely. We saw one person leave the home not accompanied by staff to participate in community activities.

A member of staff said Mental Capacity Assessments 2005 (MCA) were taking place for one person about their finances. We saw support plans for one person gave staff guidance on how to enable the person to make choices. For example, ensuring the person was able to hear and using their preferred method of communication. MCA assessments were conducted to confirm this person was able to make specific decisions. For example, MCA assessments were completed to determine one person's understanding of their health condition and the medical advice to change their diet to gluten free.

Support plans were developed on how staff were to respond when people presented with behaviours that others found difficult to manage. These plans described the reasons for the possible behaviours and where there was repetitive or predicted statements the staff's response was included.

Menus in place met people's dietary requirements. For example, gluten free meals and healthy eating. One person said they were able to prepare their own refreshments and snacks. They said the staff consulted people on menu planning and the staff offered support with healthy eating. A member of staff said menus were devised from people's suggestions. We saw a wide range of frozen, tinned and fresh vegetables that met people's dietary needs.

People were supported with their ongoing health care needs. One person told us they were registered with a local GP and had regular check-up with the dentist and optician. They also said they had psychiatry input.

"My physical health care" records in place included information on the person's medical condition and their current health needs. Reports from healthcare professionals such as psychiatrists, dieticians and Occupational Therapist (OT) on the outcome of their visits were kept in the healthcare records.

Health action plans were based on full health checks which hold information on the person's health needs and the professionals who support those needs. Action plans from the assessment were devised to help the person maintain their health.

Is the service caring?

Our findings

People said the staff were caring. One person said “when I am anxious I chat with the registered manager. We go out to coffee shops”. This person also said “I like the staff. All kind and friendly”. Staff said getting to know people helped them develop positive relationships. They said relationships with people were based on being open minded, friendly and accepting of people.

People’s rights were respected by the staff. For example, staff knocked on bedroom doors before entering. Members of staff gave us examples on how they respected people’s rights to privacy. A member of staff said they ensured people’s care was done in private and recorded information was kept secure.

Support plans were developed with people and had their preferences on how their care was to be delivered. The one page summary in people’s care files described “what is important to people, what other people admire about them and how best to support them.”

Members of staff ensured people had refreshments when they asked for them. During the inspection we saw staff assisting people move around the home. We saw a gentle approach used when they were supporting one person. We saw with the other person staff use humour in their discussions and consulted the other person with their daily activities and their hobbies.

Is the service responsive?

Our findings

Each person had signed the “Personal Statement” held in their care file which stated “This support plan was developed with me and outlines the support I need to live the way I want”. The person’s background information, their likes and current activities were included in the “About Me” section of their care file.

Support plans were developed on people’s routines and described the aspects of their care they were able to manage themselves. For example, The Eating and Drinking plans included the areas of the kitchen the person could access, the person’s ability to make refreshments and snacks, and the support they needed from the staff such as weight management.

We saw support plans were developed to help people improve their independence in the community. For example, using public transport without staff support.

One person had input into their care from the community mental health team. Reviews of the placement from the community mental health team were annual which the person and other health care professionals attended. A comprehensive care plan on the actions to meet the person’s assessed need was developed following the review.

People said the staff went through the support plans with them. One person said the staff went through their End of Life support plan. They said “we had a new plan that I could understand better. I want a jolly funeral.”

One person said “you wouldn’t believe, I am the same person. When I first came I was so frightened I wouldn’t go out. They [staff] make feel so relaxed I go out all the time.” They said they did volunteer work in another care service and they were able to travel independently with staff support in the local community.

The activities planner in place listed people’s daily activities. We saw one person attended clubs twice weekly, attended church services and went on shopping trips with the staff. The other person was a volunteer, participated in household chores and in community activities such as Yoga. This person was part of the community and was supported with their hobbies such as knitting groups.

People knew the procedure for making complaints. One person described an incident where they were not happy with the actions of an agency worker. They said the agency worker was challenged successfully without having to make a complaint. It was stated “we have a complaints procedure but I am happy.”

There complaints procedure was available in writing and to ensure people understood the procedure an easy read version was also available. A member of staff said at tenants meetings people were reminded about the complaints procedures.

Is the service well-led?

Our findings

People's views on the service were sought through questionnaires and tenants meetings. One person said "They have questionnaires in pictures and I tick them".

Surveys were used to gain feedback from people and staff on the quality of the service provided. People were satisfied with the service they received but staff made comments on improving the service. The registered manager developed a plan based on suggestions received from the staff surveys and included timescales in which to achieve the plan.

At the tenants meeting held on 6 September 2015 the décor of the property and garden was discussed. Team meetings were held regularly to share information with the staff, discuss house issues and people's current needs.

A member of staff said the team was small but stable and they worked well together. They said communication between them was good and there was an open culture.

An analysis of accidents and incidents was undertaken to identify patterns and trends. We saw one person had two unrelated accidents since July 2015 and there were no repeat occurrences. The registered manager told us reports

of accidents and incidents were passed to external manager for investigations. The area and registered manager then discussed the incidents. Preventative action was then taken to ensure the potential of a repeat occurrence was reduced.

A registered manager was in post. A member of staff said the registered manager was thorough and "does what needs to be done". They said the registered manager was approachable and took their suggestions seriously. The registered manager said enabling people to participate in community activities within the resources available is a challenge.

The standards of care and treatment were assessed by a quality assurance team which included an area manager, Human Resources (HR) and the Chief Executive. Monthly visits were conducted by the appropriate team member for example, the area manager assessed medication systems at the last visit. The area manager told us an action plan was developed following the visit and monitored on subsequent visits. We saw an audit had taken place on 28 September 2015 and where standards were not met an action plan was developed which included the timescales for achieving the action plan.