

Ordinary Life Project Association(The) Ordinary Life Project Association - 19 Berryfield Road

Inspection report

19 Berryfield Road
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Date of inspection visit:
26 February 2019

Date of publication:
19 March 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

About the service:

19 Berryfield Road is a residential care home. It provides accommodation and personal care for up to four adults with a learning disability. At the time of the inspection there were three people living at the service. The home is a semi-detached property in a residential area of Bradford on Avon.

People's experience of using this service:

People were supported by a small and consistent staff team. People told us the staff were kind and caring and that they had good relationships with them. People were encouraged and supported to maintain their independence. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Care plans were person centred and included people's individual goals for the coming year. People told us they were actively involved in their care plans and that they were supported to attend activities and do the things they wanted to do. People had active and varied social lives.

Regular feedback was sought from people and staff through meetings and questionnaires. People told us they felt comfortable in raising any concerns or issues.

Rating at last inspection: Good (September 2016).

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

Follow up: we will continue our on-going monitoring of the service and all information we receive. We will use this information to determine when we next inspect the service.

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 safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Ordinary Life Project Association - 19 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:

The inspection was carried out by one inspector.

Service and service type:

19, Berryfield Road is a care home. 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.

The service had a manager registered with the Care Quality Commission. This means 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:

The inspection was unannounced.

What we did:

We reviewed information we had received about the service since the last inspection in September 2016. This included details about incidents the provider must notify us about. We used information the provider

sent us in their Provider Information Return. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection we spoke with three people living at the service. We spoke with one member of permanent staff and one agency member of staff. The registered manager was on leave at the time of the inspection so we were unable to speak with them. We reviewed two people's care and support records and five staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies, audits and complaints. We visited the provider's office to review recruitment records and spoke with the service co-ordinator.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. Everyone told us if they were worried about anything, they would speak to the registered manager.
- Staff received training on safeguarding adults and were knowledgeable about the procedures to follow if concerns arose.
- Staff said they felt confident to raise concerns about poor care. One member of staff said, "I would report it to [registered manager] if I had concerns, or go higher if it wasn't sorted."

Assessing risk, safety monitoring and management

- Risk assessments were in place for people. When risks were identified, care plans provided clear guidance for staff on how to reduce the risk of harm to people, when at the service and when accessing the local community. For example, people's level of road safety awareness was included within the plans.
- Fire systems and equipment were monitored and checked. People had individual evacuation plans for emergency situations. These detailed the level of support required to keep people safe.
- Regular environmental checks took place.

Staffing and recruitment

- Safe recruitment processes were followed. People were introduced to prospective staff and were asked for their feedback as part of the interview process.
- There was a small team of staff, many of whom had worked at the service for several years.
- There was enough staff on duty to meet people's needs. Staff told us that staffing levels were based around the activities people had planned for the day.

Using medicines safely

- Medicines were stored safely. The temperature of the medicine storage areas was regularly taken and reviewed.
- Medicine Administration Records (MAR) were signed by staff to indicate people received their medicines as prescribed.
- Staff were trained to administer medicines and their competency to do this was regularly assessed.

Preventing and controlling infection

- The service was visibly clean and tidy.
- People were supported by staff to do their own laundry and to keep their bedrooms clean. One person said, "I can do my own washing."

Learning lessons when things go wrong

- There was a process for reporting and reviewing accidents and incidents. No incidents had occurred during the previous 12 months.

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.

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

- People's support needs were regularly reviewed. People's goals for the coming year had been written and people had signed their care plans to indicate their agreement.
- One person said, "[Staff] all look after us. They do things with us that we like to do."
- People's protected characteristics under the Equalities Act 2010 were identified. This included people's needs in relation to their culture, religion, diet and preferences for staff support. For example, some people enjoyed attending local church coffee mornings.

Staff support: induction, training, skills and experience

- Staff were trained to carry out their roles. There was a training plan in place which highlighted when staff were due refresher training. Some staff were attending training on the day of the inspection.
- Staff said they felt trained and competent. One member of staff said, "Normally we go to head office for the training. It's face to face training. Other training, like fire training and medicines training is done here."
- Staff had regular one to one meetings with a line manager to provide support and identify learning needs.

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

- People were supported to plan and shop for meals. One person said, "There is a menu, but we choose what we want." During the inspection, everybody chose something different for lunch, and the staff respected people's choices.
- People were supported to be independent when it came to preparing meals and drinks. One person said, "I make my own drinks, but I need someone to bring them to me because I use a walker." Another person told us, "I enjoy making cakes with staff."
- Staff supported people to maintain a healthy way of life. For example, in one person's plan it was written, "Tendency to gain weight so has asked staff to help [them] maintain a healthy lifestyle."

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

- People were supported to access ongoing healthcare. People told us staff took them to appointments. One person said, "Staff took me when I had [minor procedure] done," and, "I have reflexology every Monday. [Reflexologist name] comes here."
- Records showed people were reviewed by the GP, learning disability team, optician and memory clinic.
- Health action plans and hospital passports were in place. These are documents that state what is needed for a person to remain healthy, including the support which a person may require if they need to go to hospital. Annual learning disability health assessments were carried out.

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

- The environment was clean, tidy and homely. There was a large lounge/dining area and a separate conservatory for people to use.
- People had their own bedrooms which they could decorate as they wished. One person said, "I chose the colour of my bedroom."
- There was a small, pleasant outside seating area which people said they used during warmer weather.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. DoLS applications had been made.

- Staff were knowledgeable about the principles of the MCA.
- People's capacity to consent to their care and support had been assessed. One member of staff said, "If someone wanted to do a bungee jump, it's their choice but we'd talk it through to with them to check they understood the risks."
- Advocacy services were available.
- During the inspection staff asked people if they were happy for us to be shown around and whether they wanted to speak to us.

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; equality and diversity

- Staff were kind and caring. One person said, "All the staff are lovely, very kind. And they have a laugh with us too."
- One person told us they were going to a funeral later in the week. They were talking with a member of staff about this. The staff member sat beside them and went through the arrangements with them. The same member of staff said, "I'm coming in on my day off to go to the funeral with [person]."
- There was a small team of long serving staff at the service. People knew all the staff by name.
- The atmosphere was friendly, relaxed and welcoming.

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

- Regular 'tenant' meetings took place. The minutes of these were available in easy read format.
- People also had regular one to one meetings with their key workers. People were asked for their feedback on areas such as how they were feeling, whether they were happy with their bedroom, and their social life.
- People were actively involved in their care plans. One person said, "Yes, I have got a care plan. It's in the cupboard. I sign it."

Respecting and promoting people's privacy, dignity and independence

- People were supported to have visitors whenever they wanted.
- Staff supported people to access the local community; this was done on foot, using the provider's transport or by public transport. Some people needed more support from staff than others; the level of required support was written within care plans.
- People told us staff respected their privacy. They told us staff always knocked on bedroom doors. One person said, "They always keep me covered when they wash my hair in the bath."

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

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

- Care plans were person centred and included details of people's choices and preferences for the support they wanted from staff.
- One-page profiles were in place. These informed staff what was important to people, how best to support them and what people liked and admired about them.
- Plans focussed on maximising people's independence. For example, when accessing the local community and when managing personal care needs.
- Communication plans were informative. Plans showed how staff were able to identify when people were upset or agitated by observing behaviour and facial expressions.
- People were supported to take part in activities of their choice. People had activity plans in place. One person said, "I go swimming, go to the local church coffee mornings, go to clubs, I knit and chat and I go to the gym." Another person said, "[Staff name] takes me out. We're going to go and hear some music tomorrow. We go out for coffee and lunch too."
- One person told us they liked to lie in on days when no activities were booked. They said, and we saw, that staff respected this.
- People were supported to share responsibility for housework and laundry. There was a household rota in place and people took it in turns to be responsible for setting the table for meals, loading the dishwasher and sorting the recycling for example.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place and this was available in easy read format.
- One person said, "I know how to complain, but I've never had to."
- No complaints had been received in the past 12 months.

End of life care and support

- Advanced plans were in place. These detailed people's preferences for how and where they wanted to be cared for at the end of their lives. The information within the plans included any special wishes people had in relation to cultural and religious preferences.
- People and their families were involved in decisions about end of life care. For example, one person had recently passed away at the service. They had chosen to remain there because they wanted to be around people they knew. In agreement with the person, staff had moved the person's bed downstairs and the person's family were able to stay overnight if they wished.
- The service worked closely with the GP and local hospice team for this person's care. This meant the person was kept pain free and comfortable.
- The registered manager told us, "All of the three people in the house at time of [person's name death] were supported individually by staff and were able to express how they felt freely. External support from [local

hospice] was also offered to people and staff if they wanted it." A memorial service to commemorate this person had been arranged, which was open to all family, friends, people and staff to attend.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The provider's values were embedded in the service. One member of staff said, "I enjoy this work so much. We encourage people to do as much as possible for themselves, to be as independent as they can be."
- People were involved in planning and reviewing their support plans. One person said, "The staff know me and understand me and the support I need."

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

- Systems were in place to monitor and review the quality of the service. This included audits of areas such as accidents, complaints, care plans and medicines. A manager 'self-assessment audit' was carried out every month.
- Regular checks were undertaken to ensure that the service remained safe and any areas of maintenance were identified and followed up.
- We saw the latest commissioning team's service visit report dated August 2018. No concerns had been noted.
- The rating of the previous inspection was displayed as required.
- The registered manager understood their responsibilities to notify us of certain events.

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

- People had been regularly asked for their feedback in the form of surveys, house meetings and one to one's with keyworkers.
- Staff surveys had been carried out previously. The services co-ordinator told us the provider was planning to survey staff again this year.
- Staff spoke highly of the provider. One member of staff said, "OLPA is a good company; otherwise I wouldn't be here. They're very supportive of their staff."
- People spoke highly of the registered manager. One person said, "The staff are all lovely but especially [registered manager]. [They] help us. If we're concerned about anything we can go and talk to [registered manager] in the office."

Continuous learning and improving care

- Regular meetings were held with staff and senior staff. One member of staff said, "We have meetings every month. We're encouraged to give feedback and make suggestions."

- Planned improvements included arranging food safety training for people and inviting people to attend fire training with staff.

Working in partnership with others

- The service had good links with the local community.
- The provider worked closely with other health professionals. This included annual health checks for people, optician, dentists and the community learning disability team.