

Ordinary Life Project Association(The) Ordinary Life Project Association - 18 Boundary Road

Inspection report

18 Boundary Road
Chippenham
Wiltshire
SN15 3NN

Tel: 01249656255

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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:

18 Boundary Road is a small care home providing support to three people with learning disabilities.

People's experience of using this service:

People told us they felt safe living at the service. The staff we spoke had attended training in safeguarding of people at risk. They described safeguarding procedures which included how to identify the signs of abuse and reporting of concerns.

Care plans were person centred and people were present while we reviewed their care records. They told us how they were supported by the staff.

Individual risks to people were assessed and action plans devised to ensure people were able to take positive risks. Action plans on how to minimise risks were in place for people that were identified at risk of harm.

People told us there were staff on duty at all times. Rotas confirmed additional staff were rostered three times per week to support people with maintaining their independent living skills. One member of staff was on duty at all other times.

Medicines were managed safely. People knew the purpose of their medicines. There were people who were competent to self administer their medicines and records were in place to support this decision.

The home had the appearance of a domestic dwelling. People told us they were in the process of choosing colour schemes for all areas of the home.

We were invited into people's bedrooms and we saw their personalities reflected. People told us they participated in household chores. Cleaning schedules were in place and staff were responsible for the overall cleanliness of the home

The staff on duty told us the training officer managed all training. This member of staff said there was mandatory training set by the provider. Staff had regular one to one supervision meetings with their registered manager.

People told us menus were devised weekly. People made their own refreshments and prepared their breakfast and lunch. The evening meal was prepared by the staff.

People were supported by staff with their ongoing healthcare needs.

The abilities and skills of people had improved since our last inspection. The people we spoke with were

more confident and told us how their independence had improved within the home and in the community. People made all their decisions and told us their choices were respected.

Quality assurance systems were in place. Action plans were introduced where shortfalls were identified.

Rating at last inspection:

The service was rated as Good at the comprehensive inspection dated 5 September 2016

Why we inspected:

This inspection was a scheduled inspection based on previous rating.

Follow up:

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

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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 - 18 Boundary Road

Detailed findings

Background to this inspection

The inspection:

'We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

Inspection team:

This inspection was carried out by one inspector.

18 Boundary Road is a care home for three people with learning disabilities.

A registered manager was in post. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

What we did:

Before the inspection we reviewed information we held about the service including notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us. We also looked at information in the 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 contacted people, staff and community professionals by questionnaires and phone calls. We spoke with the registered manager, administrative staff, quality assurance manager and training manager. We consulted seven staff including one external agency worker and received feedback from six staff.

We reviewed records related to the care for three people. We looked at care records in detail, daily report, and staffing rotas. Records relating to the safety and suitability of the service were reviewed. We looked around the property.

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

□• The people we spoke with said they felt safe living at the home. The member of staff on duty told us there was annual refresher safeguarding adult at risk training. This member of staff was aware of the procedure for safeguarding people at risk which included the types of abuse and about reporting concerns to the Local Authority.

Assessing risk, safety monitoring and management

□• Risk assessment were completed to minimise the risk to people at risk of potential harm and to support people with positive risk taking. Risk assessments detailed the actions needed to support people with positive risk taking. For example, for one person to make hot drinks the staff ensured the kettle was half filled and staff were to prompt the person.

□• One person told us the staff had supported them with positive risk taking. This person told us the previous arrangements for leaving the home without staff support. They told us they no longer needed the previous level of supervision as they were more confident travelling independently. This person said they only contacted the home when they were due to return.

□• Care plans gave staff guidance on how to support people when they expressed emotions of frustration and anxiety. The staff were given guidance to distract one person and not to challenge their fixated ideas. Daily notes confirmed guidance was followed but reports indicated these instructions were not effective. Diary entries showed referrals were made to healthcare professionals for input on how staff were to support the person. Risk assessments were devised for people that were at risk from others when behaviours deemed to be challenging were presented .

Staffing and recruitment

□• People told us there were staff on duty at all times. The rotas confirmed the staffing arrangements. One member of staff was on duty throughout the day and at night there was one staff sleeping in the premises. There was additional staff rostered three times per week to support people with shopping. .

Using medicines safely

□• Medicine systems were managed safely. People knew the purpose of their prescribed medicines. One

person told us they self administered their medicines. This person told us they were provided with secure storage in their bedroom for their medicines.

• Medicine Administration Records (MAR) were signed by competent staff when medicines were administered. Protocols for medicines prescribed to be taken "when required" (PRN) were detailed and gave guidance on their administration.

• Homely remedies were held in stock to treat minor and short term ailments. Body maps were in place for people prescribed with lotions and creams and illustrated where on the body they were to be applied.

• A record of medicines no longer required were maintained. The supplying pharmacist signed the record to evidence receipt of the medicines for disposal.

Preventing and controlling infection

• People told us their environment was clean and that they were involved in maintaining their surroundings. Each person was assigned roles for cleaning the environment.

• There were cleaning schedules in place for staff to follow and standards of hygiene were audited monthly.

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

Staff had worked with specialists where necessary to develop care plans. For example, psychiatrists and specialist nurses.

Staff support: induction, training, skills and experience

People told us the staff had the skills needed to care for them.

The training officer organised all training set by the provider as mandatory. Mandatory training included food safety, first aid, fire training, Mental Capacity Act (2005) and safeguarding of people at risk.

The member of staff on duty said they were made aware of any upcoming training courses. The rotas were then amended for staff to attend training organised. This member of staff said they had attended all refresher training.

Staff had regular one to one meetings with the registered manager. At the one to one meetings staff discussed their performance, concerns and training needs. This member of staff said their supervision was "mostly about me."

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

People told us they had access to the kitchen at all times and were able to make their own refreshments and prepare meals. People prepared their breakfast and lunch and the staff prepared the evening meal.

Weekly menus were planned at weekends with support from the staff. The menus included each person's preferred meals.

There was a variety of food stocks which included fruit, vegetables, dried and tinned foods.

People at the home celebrated festivals and religious holidays. At the time of the inspection people were having pancakes to celebrate Shrove Tuesday a traditional feast day before Easter.

Staff were working with other agencies to provide consistent, effective, timely care

□• Staff were working with community professionals to ensure people received consistent care. Care coordinators with the person and where appropriate their relatives annually reviewed people's care and treatment needs. Comprehensive assessments were provided by the social workers following the review meetings on people's agreed outcomes.

□• People were referred for specialist input. For example, psychiatrists and community nurses.

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

□• The home had an appearance of a domestic dwelling which blended well with the local community.

□• People were making choices about the colour of communal areas and bedrooms.

□• People told us they had chosen the décor of their bedrooms. We were invited into bedrooms and saw people's personalities reflected through their personal belonging, photographs and pictures.

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

□• People told us they were supported with their healthcare needs. One person told us the staff accompanied them on healthcare appointments and were present during some consultation. This person explained that this was dependent on the nature of the visit.

□• A record of people's medical appointments with outcomes were maintained. Records showed people had access to NHS community facilities such as opticians and dentists.

□• People had annual health checks with the GP. Health action plans were devised on how to support people with their ongoing healthcare needs.

□• Hospital passports were up to date and gave guidance on how medical staff were to support the person in the event of a hospital admission.

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 told us they made all their decisions. Individual capacity assessment profiles listed the decisions the person was able to make. For example, care, treatment and finances.

□• People's mental capacity was assessed for specific decisions which included for staff to administer medicines, leaving the home independently and for managing their finances. Where appropriate best interest decisions were taken where people lacked capacity to make them. For example, for one person the staff administered medicines.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: □ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us the staff were kind and caring towards them. They told us the staff had helped them develop their skills and abilities. One person told us they were more confident with expressing themselves and with their independent living skills. Another person told us they were independent in the community and had gained more confidence. This meant the measures in place for them to take positive risk were no longer needed.

- The member of staff on duty told us how they built trusting relationships with people. They said, "when people ask I listen and when they ask for help I help".

□□

- The member of staff on duty gave us an example on how they showed compassion. They said, "I show empathy, I understand how they [people] are feeling. I don't deny [name] thoughts. We distract fixated ideas."

□□

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

- People told us they participated in weekly meetings to discuss menu planning. A member of staff said that house meetings were known as "tenant's meetings". This member of staff told us that tenants meeting had become more meaningful to improve people's feedback. Menu planning and food preparation was the main focus of tenant's meetings. Overtime these meetings will focus on different areas. For example, accommodation, staffing and leisure.

- A scrapbook of photographs showed that people's suggestions were taken seriously and acted upon. We saw photographs of activities which included visits to places of interest and activities.

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy was respected by the staff. One person told us the staff "knocked on their bedroom" door before entering. Another person told us they knocked on each other's bedroom door before entering.

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

- People were aware of having support plans. People were present while we reviewed their care records. Care files were individualised with favourite pictures and drawings and one person confirmed they had decorated their care file. People told us the staff explained their support plans and one person went through their care file with us.
- Support plans were reflective of people's needs and described the person's preferences. Daily routines were detailed and included people's abilities and preferences.
- Personal care skills plans detailed the person's ability, the support needed from the staff and their preferences. For example, for one person their support plan stated, "I can dry my hair myself but I like having my hair blow dried by the staff."
- People's communication needs were identified and recorded as required by the Accessible Information Standard for people with disabilities and sensory loss. The "Communication" support plan for one person detailed their medical condition where they would at times refrain from verbally communicating. The person was to receive support to build their confidence and staff were to respond or accept refusal to participate in conversations.
- For another person their communication support plan stated they were able to express themselves verbally. This person had a "direct manner" on their opinions and beliefs. Also detailed were how this person used specific words.
- Support plans were devised where people had mental health care needs. The support plan detailed the person's mental health condition and how staff were to manage situations when there was a deterioration of their mental health. Staff were given guidance on who to contact when there were incidents that related to the person's mental health.
- People told us they participated in activities. One person told us, "I do quite a lot" This person told us they attended a day centre, participated in independent living routines such as washing and shopping, they were employed and kept in contact with friends and relatives. Another person told us they went shopping with the staff, maintained relationships with relatives, attended day centres and spent time watching television as well as arts and crafts. A member of staff told us one person was being supported by staff and others at the home to organise a birthday party. This party was to celebrate this person reaching a significant milestone.

Improving care quality in response to complaints or concerns

- People told us they approached the staff with concerns and complaints. One person said as well as telling the staff they would tell their "mum". Copies of the complaints procedure was kept in care files. There were no complaints made since the last inspection.

End of life care and support

- Documents for staff to support people with advanced decisions were in place. We saw that staff had begun to complete these documents. For one person there was background information, childhood memories and activities the person wanted to experience.

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 with openness; and how the provider understands and acts on their duty of candour responsibility

- A member of staff said the team worked well together. They told us, "We all work the same way. It's a nice home and everything runs smoothly. The registered manager is supportive. Handovers are good because we talk we about people."

- Staff were assigned lead roles which meant they acted as a single point of contact. For example, medicines and infection control.

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

- Systems were in place to assess and monitor the quality of service delivery. There were a range of internal audits that covered all areas of care and treatment people received. For example, care planning, medicine systems and infection control. Action plans were in place on how shortfalls identified were to be met.

- The registered manager had taken action to mitigate risk to people and others. Fire safety checks and practices were taking place. Personal Emergency Evacuation Plans (PEEP) were in place on how to support people to evacuate the premises in the event of an emergency.

- The staff received feedback from the management team which enabled them to know what actions to take. The staff told us team meetings and one to one supervisions were regular.

- There were robust arrangements to ensure records were kept securely.

Continuous learning and improving care

- The registered manager said the challenges were "global". There were funding constraint and difficulties accessing healthcare supports for people.

- The registered manager discussed sustainability with us. They said changes in rotas and recruitment had to be made for the service to continue operating at the desired standards.

Working in partnership with others

The registered manager told us there was partnership working with external social and healthcare professionals. There was input from the community learning disabilities team (CLDT) and co-protection working to ensure people's safety. The staff sought employment opportunities for people.