Ordinary Life Project Association(The)

Beckford Lodge

Inspection report

Gipsy Lane
Warminster
Wiltshire
BA12 9LR

Tel: 01985847755

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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

Beckford Lodge, known as the Ordinary Life Project Association (OLPA), is a supported living service registered to provide personal care to people. Supported living services enable people to live in their own home and live their lives as independently as possible. The support offered by Beckford Lodge included personal care, shopping, budgeting and supporting people to access their community and take part in activities. The registered manager explained that the support hours provided varied depending on the person's needs. At the time of our inspection one person was using the service under the regulated activity of personal care.

The inspection took place on the 17 October 2016 and was announced, which meant the provider knew before the inspection we would be visiting. This was because the location provides supported living services. We wanted to make sure the registered manager would be available to support our inspection, or someone who could act on their behalf.

A registered manager was employed by the service. A registered manager is a person who has registered with the Care Quality Commission 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 2008 and associated Regulations about how the service is run.

People were actively involved in developing their care and support plans. Care plans were personalised and detailed the daily routines specific to the person using the service. Where people required support with their personal care they were able to make choices and be as independent as possible.

People had a range of activities they could be involved in. People were able to choose what activities they took part in and suggest other activities they would like to complete. Staff provided support as required.

Risks to people's safety had been assessed and plans were in place to minimise these risks. Staff received training to help them identify safeguarding concerns and understand their responsibilities on reporting any concerns identified.

We looked at the arrangements in place to manage complaints and concerns that were brought to the registered manager's attention. The service had a complaints procedure in place setting out how complaints could be made and how they would be handled. There had not been any complaints since the service had registered.

People's medicines were managed safely and people were able to self-administer their medicines with some support from staff. Where required people were supported to access healthcare services to maintain and support good health.

There were sufficient staff to meet people's care needs. Safe recruitment procedures ensured people were

supported by staff with the appropriate experience and character. People were supported by staff that had access to a range of training to develop the skills and knowledge needed to carry out their roles. New staff were supported to complete an induction programme before working on their own.

People were supported to have a meal of their choice. They were supported with planning their weekly menu and shopping for their chosen food. Staff encouraged people to drink sufficient fluids.

There was a registered manager in post. The registered manager carried out regular audits to monitor the quality of 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?

Good

The service was safe.

People's medicines were managed safely and people were able to self-administer their medicines with some support from staff.

People were protected from the risks of harm or potential abuse. Risks to the health, safety or well-being of people who used the service were assessed and plans put in place to manage these risks.

Staff received training to give them the knowledge and confidence to identify safeguarding concerns and understand what actions to take should they suspect abuse was taking place.

Is the service effective?

Good

The service was effective.

People received support with nutrition and hydration where necessary.

Records showed staff had received the required training to do their jobs effectively.

Staff had an understanding of the Mental Capacity Act 2005 and people were supported to make decisions regarding their daily living.

Is the service caring?

Good

The service was caring.

People were involved in the planning of how they wished to receive their care and support.

People were supported to maintain relationships with people that mattered to them.

People were encouraged and supported to be as independent as possible.

Is the service responsive?

Good

The service was responsive.

People were actively involved in developing their care and support plans. Care plans were personalised and detailed the daily routines specific to the person using the service.

People had a range of activities they could be involved in.

There were arrangements in place to manage complaints and concerns that were brought to the registered manager's attention.

Is the service well-led?

Good

The service was well-led.

There was a registered manager in post. Staff said they felt supported by the registered manager and could raise any concerns and appropriate action would be taken by the registered manager.

The registered manager carried out regular audits to monitor the quality of the service.

Beckford Lodge

Detailed findings

Background to this inspection

Start this section with the following sentence:

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.

The inspection took place on 17 October 2016 and was announced. The provider was given 48 hours' notice because the location provides supported living services. We wanted to make sure the registered manager would be available to support our inspection, or someone who could act on their behalf. The inspection was carried out by one inspector.

Before we visited we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification.

During our inspection we went to the service's office and spoke with the registered manager. We looked at documents relating to people's care and support and the management of the service. We reviewed a range of records which included one care and support plan, staff training records, staff personnel files, policies and procedures and quality monitoring documents.

We visited the person using the service in their home to talk with them about their views on the quality of the care and support being provided. We spoke with the registered manager and two care staff.

Good

Is the service safe?

Our findings

People were supported to take risks to retain their independence; these protected people and enabled people to maintain their freedom. Risks to people's safety had been assessed and plans were in place to minimise these risks. For example, plans were in place to support people to be independent with their medicines and reduce any risks associated with this to ensure people received their medicines safely. Records showed that risk assessments were regularly reviewed and update as required.

The registered manager explained they undertook discussions with the person using the service to help them understand how they could keep themselves safe. These discussions included the management of their finances and alcohol intake. Guidance on how staff supported the person to manage these risks were clearly documented in the person's care plan.

We looked at the arrangements in place for safeguarding vulnerable adults and managing allegations or suspicions of abuse. Safeguarding policies and procedures were in place which provided guidance and information to staff. The registered manager was able to tell us how they would report safeguarding concerns to the appropriate local authority and would work with them to ensure action was taken to keep people safe. Staff received training on the safeguarding of vulnerable adults and were aware of their responsibilities for reporting their concerns to keep people safe. Staff told us they were confident they could speak with the registered manager if they had any concerns about people's safety or welfare and these would be listened to any necessary actions taken. One member of staff explained that they regularly went through information with the person about keeping themselves safe. For example, there was a list in the person's home with emergency contact numbers which staff told us they regularly reminded the person that it was there. They also said they would go through with the person "In case of an emergency, what would you do?" scenarios.

Peoples' medicines were managed and administered safely. The person using the service was independent in the administering of their medicines. There was guidance in their care plan which identified what support the person required. This included staff supporting the person to pick up their medicines every four weeks and recording in the person's daily notes when they had undertaken a visual check to ensure the person had been taking their medicines as required. As staff were not administering medicines there was no medicine administration chart (MAR) in place.

People were protected from the risk of being cared for by unsuitable staff. There were safe recruitment and selection processes in place to protect people receiving a service. We looked at two staff files to ensure the appropriate checks had been carried out before staff worked with people. This included seeking references from previous employers relating to the person's past work performance. New staff were subject to a Disclosure and Barring Service (DBS) check before they started work. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults.

There was enough qualified, skilled and experienced staff to meet people's needs. The registered manager

explained the person had a small team of three staff who regularly supported them. This ensured the person received continuity of care and was always supported by someone they knew. Their wish to be supported by familiar staff only was documented in their care plan. The staff rota was planned on a monthly basis and reviewed every two weeks to incorporate any changes the person wished to make to when they received support. The registered manager explained that whilst the person had certain activities they attended each week there was flexibility when arranging staff support for the remain hours. When we spoke with the person they said they liked that it was the same staff all the time that supported them.

Staff had access to the appropriate personal protective equipment (PPE) to reduce the risk of cross contamination and the spread of infection.

Good

Is the service effective?

Our findings

People received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles. Staff received regular training to give them the skills required to meet people's needs. New staff were subject to a six month probationary period and undertook a comprehensive induction, which included a period of shadowing more experienced members of staff before working independently with people. The provider was following the Care Certificate induction programme for new staff. This meant the provider was following good practice as part of staff induction for social care. The registered manager had systems in place to identify training that was required and ensure it was completed. Training was monitored in supervision meetings with the registered manager to ensure staff had received the core training required by the provider, such as safeguarding, mental capacity, manual handling and health and safety.

Regular meetings were held between staff and the registered manager. These meetings were used to discuss progress in the work of staff members; training and development opportunities and other matters relating to the provision of care for people using the service. These meeting would also be an opportunity to discuss any difficulties or concerns staff had. Staff confirmed they received regular supervision but could contact the registered manager at any time to discuss things.

People were supported to have enough to eat and drink. There was clear guidance on what support was required to help the person manage their nutritional needs in the care plan. The person was involved in all aspects of menu planning and shopping for their food choices. When meal planning, staff encouraged the person with maintaining healthy food choices to promote a balanced diet through discussion.

The person was supported to maintain good health and had access to appropriate healthcare services. Where required staff supported the person to attend healthcare appointments. The care plan identified health appointments that were required periodically throughout the year. This included health check-ups, a yearly health check and chiropody appointments. It was recorded in the care plan that the person had declined to have a health action plan in place.

We looked at how the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA). The Mental Capacity Act 2005 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 legally authorised under the MCA. For people receiving care in their own home, this is as an Order from the Court of Protection.

The registered manager was aware of their responsibilities in respect of this legislation. Where required mental capacity assessments had been undertaken and the outcome clearly documented. For example, the management of the person's finances had been clearly documented and signed by the person to say they agreed with the processes put in place at their request after the assessment had been completed.

Good

Is the service caring?

Our findings

People received care from the same small team of three care staff. This ensured continuity of care for the person. The person's preferences were clearly documented and adhered to. For example, their care plan documented they wished to receive care and support from familiar staff and these were to be female staff only. Rotas we looked at showed only the same female staff supported this person. People were also able to request staff or decline support from staff they did not want to assist them. We spoke with the person who told us "Staff are all very good. I like to have people I know. I want them all to keep coming".

Staff were aware of the importance in respecting people's rights to privacy and dignity. People were addressed by staff using their preferred names. When people received intimate care staff ensured this was done behind closed doors and with curtains drawn. One staff member explained "X (person) will get undressed in their bedroom and I will always knock before enter to ensure they have covered themselves. I encourage them to be as independent as possible and only wash and dry those areas they can't".

During our conversations with staff they demonstrated they cared a great deal for the people they supported. One staff member told us about a recent incident whereby the person had not turned up for a regular appointment. They had been contacted by the person who the appointment was with to inform them of this. Even though they were not working, as this was out of character for the person, they followed up the situation to ensure the person was safe and well.

The person was supported to maintain relationships with those people who were important to them. Visits to family members and the support required to attend these visits were recorded in the person's care plan.

Care plans clearly identified how to support the person to maintain their independence. This included managing their finances, accessing the community independently and completing household tasks. When we asked the person what support they received they told us "I like to have people come. They help me with my shopping, washing and changing my bed. I have had my nails done today".

There were arrangements in place to ensure the person was fully involved in making decisions and planning their care. We saw records signed by the person to say they agreed with what was recorded in their care plan.

We discussed with the registered manager if there were any end of life wishes noted for this person. They explained that whilst they had tried to have discussions about this area with the person they had declined to take part. We discussed with the registered manager that this had not been recorded and agreed to rectify this.

Good

Is the service responsive?

Our findings

Assessments were carried out with people prior to them receiving services. Assessments included gathering information on people's nutritional, medicines and social care needs. The information gathered during the assessment was used to develop detailed care plans that identified people's care and support needs. For example, one person's care plan documented how they liked to receive their care and support, which included aspects of care needs such as personal hygiene and support to manage their nutritional requirements. This guidance ensured staff had the information they needed to meet the person's needs during each planned care visit.

People were supported to follow their interests and take part in social activities. Whilst the person had some regular activities they attend each week such as hairdresser appointments and social clubs they also had flexibility within their support hours to plan with staff other things they wanted to access such as day trips.

Handover between staff took place if there was a crossover during support hours. However, when this was not available staff used emails, texts and daily recording notes to ensure information was passed on to the next worker regarding any changes to care or concerns that needed to be monitored or actioned.

We looked at the arrangements in place to manage complaints and concerns that were brought to the registered manager's attention. The service had a complaints procedure in place setting out how complaints could be made and how they would be handled. There was a copy of the complaints form available to people in their home. Feedback relating to care and support received was sought during the person's review of the service. There had not been any complaints since the service had registered.

Good

Is the service well-led?

Our findings

The service had a registered manager in post who was supported by a supported living manager. A registered manager is a person who has registered with CQC to manage the service. The registered manager said they had an open door policy whereby people using the service and staff could come into the office at any time. They said it was important for people to know senior management as well as the staff who were supporting them. Staff spoke positively about their experience of working for the service and the support they received from the registered manager. Comments included "I love working here. The manager is lovely and very approachable" and "I love my job and helping everyone. X (registered manager) is fantastic".

The registered manager had clear values about the way care and support should be provided and the service people should receive. These values were based on providing a person centred service in a way that maximised people's independence and empowered them to be involved in their care and support. Staff we spoke with also had the same values. One staff member told us "X is very independent and it's about supporting that and doing what X wants to do during our time together".

The registered manager said they received regular supervision and support and attended a weekly management meeting where they could discuss the service provision. To keep up with best practice the registered manager, who was a registered social worker, attended training to ensure they maintained their registration. They had undertaken train the trainer courses in areas such as mental capacity and bereavement and provided this training to staff.

The service had quality assurance processes in place. The registered manager carried out audits to assure themselves of the quality and safety of the service people received. This included financial audits. Staff gave feedback on people to the registered manager each month and this was audited by them. Whenever necessary, action plans were put in place to address the improvements needed. For example, where changes with a person's personal care were required this information was shared with staff and updated in the care plan. The registered manager took the opportunity to observe staff's working practices during visits to people's homes. They would then offer feedback on their observations during supervision.

Accidents and incidents were investigated and plans put in place to minimise the risks or reoccurrence. Staff told us they had the opportunity to discuss accidents and incidents as a team to see if any changes to the person's support and care were required. They said they were always informed if any incidents or accidents had taken place when they were not on shift.

The registered managers knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service. CQC had received appropriate notifications from the service.

The management operated an on call system to enable staff to seek advice in an emergency. This showed leadership advice was present 24 hours a day to manage and address any concerns raised.