

Life Opportunities Trust

Life Opportunities Trust - 9 Hitchin Road

Inspection report

9 Hitchin Road
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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 ●

Summary of findings

Overall summary

About the service: Life Opportunities Trust – 9 Hitchin Road is a residential care home that was providing accommodation and personal care to seven people with learning and physical disabilities, at the time of the inspection.

The service was set up prior to the Registering the Right Support guidance. However, the service worked in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice and independence. People using the service received planned and co-ordinated person-centred support that was appropriate and inclusive for them.

People's experience of using this service: People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People, their relatives and advocates were involved in discussions about their family members care. People's support focused on them having as many opportunities as possible to gain new skills and become more independent.

Records CQC held about the service confirmed that the provider had not sent in all notifications as required. A notification is information about important events that the law requires the provider to notify us about such as safeguarding concerns, deaths, and serious incidents.

People's rooms were individual and personalised, however areas of the service required decoration. A recent external fire risk assessment carried out found that two doors, needed replacing. There was a plan in place to replace these fire doors, but no timescales had been agreed.

People and their relatives were happy with the care and support they, or their family member received from staff. Staff encouraged people to complete tasks independently, or with minimal support where possible. Staff assisted people in a caring and respectful way.

Staff knew about safeguarding people from harm or poor care. Staff knew how to report their concerns internally and externally if needed.

Staff undertook a pre-assessment on people new to the service. This established what care and support a person required and whether staff were trained to meet these needs. People and their relatives were involved in their care decisions and the planning of their day-to-day care.

Staff monitored people's assessed risks. Guidance and training were in place for staff on how to support people with these risks.

Staff respected and promoted people's dignity and privacy. Staff supported people with their prescribed

medicines safely. People were supported by staff with their food and drink to make sure they were eating and drinking healthily.

There were enough staff to meet people`s needs. People were kept safe from risks of infection and cross contamination. New staff received an induction when joining the service. Staff received supervision, competency checks, appraisals and training to make sure that they could effectively carry out their role. Staff learnt lessons from incidents and near misses that happened to help reduce the risk of the incident happening again.

Staff worked with other external organisations to help support and promote people's well-being. Staff gave people information in different formats, when needed, to help people with their understanding.

People and their relatives were given the opportunity to feedback on the quality of the service provided. People and their relatives were given information on how to raise a complaint and their concerns were listened to, investigated and resolved where possible.

Audits were carried out to monitor the quality of the service. These and any monitoring visits by either representatives of the provider and the local authority were reviewed, and actions taken or were in progress to make any necessary improvements required.

Rating at last inspection: Good. (Report published 16 December 2016.)

Why we inspected: This was a planned inspection as part of CQC's routine inspection programme.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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 not always safe.
Details are in our Safe findings below.

Requires Improvement ●

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 ●

Life Opportunities Trust - 9 Hitchin 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.

Service and service type: Life Opportunities Trust – 9 Hitchin Road is a 'care home.' People in care homes receive accommodation and nursing and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Life Opportunities Trust – 9 Hitchin Road is not registered to provide nursing care. Life Opportunities Trust – 9 Hitchin Road accommodates seven people in one adapted building.

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.

Notice of inspection: We gave the service 24 hours' notice of the inspection visit because it is small, and the manager is often out of the office supporting staff. We needed to be sure that they would be in.

What we did: Prior to the inspection we reviewed information we held about the service to aid with our inspection planning. This included notifications. Notifications are incidents that the registered manager must notify us of. The provider also completed and sent CQC a Provider Information Return (PIR) in November 2018. 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 inspection. We also contacted other health and social care organisations such as representatives from the local authority. This was to ask their views about the service provided.

During the inspection we spoke with one person and a relative of a person who used the service. We also spoke with the registered manager, the deputy manager, a team leader and one support staff member. We looked at two people's care records and corresponding risk assessments, and monitoring records. We also looked at records relating to the management of the service.

Is the service safe?

Our findings

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

RI: ☐ Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Systems and processes to safeguard people from the risk of abuse

- ☐ The registered manager was aware of their responsibility to report issues relating to safeguarding to the local authority. However, they were not aware that all incidents reported to safeguarding need to then be notified to the Care Quality Commission.
- ☐ Records CQC held about the service confirmed that the provider had not sent in all notifications as required. We found that a safeguarding referral to the local authority that had resulted in a meeting to review the concerns, had not been notified to the CQC. A notification is information about important events that the law requires the provider to notify us about such as safeguarding concerns, deaths, and serious incidents.
- ☐ Staff received training and knew the process in place to protect people from harm and poor care. A staff member confirmed, "I would raise [concerns] with my supervisor and on to management. There is a poster in the office so that we can call a helpline [when needed]."
- ☐ A person when asked if they felt safe replied, "Yes." A relative said, "[Family member] is safely looked after here, I know they are safe, and I don't leave and think oh my goodness."

Assessing risk, safety monitoring and management

- ☐ A recent external fire risk assessment carried out found that two doors, needed replacing. The registered manager told us that there was a plan in place to replace these fire doors, but no timescales had been agreed.
- ☐ Staff had good knowledge of actions to take to reduce risks whilst encouraging people with new interests and their independence.
- ☐ Risks to people were reviewed and changes to people's care and support needs were implemented.
- ☐ People had an individualised personal emergency evacuation plan in place as guidance for staff in the event of an emergency such as a fire.

Staffing and recruitment

- ☐ Prior to this inspection the local authority made CQC aware that potential new staff were not always having to explain any gaps in their employment history. This information would help the provider make safe recruitment decisions.
- ☐ The registered manager told us that they had informed their human resources department of the improvements that needed to be made.
- ☐ Assessments were undertaken to determine the safe number of staff needed to support people. This information was then used to determine the number of staff needed to work each shift.
- ☐ Observations during the inspection showed that staff were busy but there were enough staff on duty to

support people with their choices.

Using medicines safely

- ☐ Staff received training before they were able to administer medicines to people. Staffs capability to safely give medicines was also assessed during competency checks. A relative told us, "Medication support. No that's fine. They are able to give [medicines] to [family member]."
- ☐ Arrangements were in place to safely receive, store and dispose of people's prescribed medicines.
- ☐ Records that documented the administration of people's medicines and any errors in recording were in place. Audits of people's medicines took place to identify any errors. Medication errors were reported, investigated and actions taken to reduce the risk of recurrence. A staff member said, "[If there was a] medication error I would call GP for advice and next step is to make sure people are safe. Then write an incident report."

Preventing and controlling infection

- ☐ Rooms at the service during this visit looked clean with no malodours. A relative said, "I have no concerns about cleaning, it is clean and tidy."
- ☐ Staff told us they were trained on infection control, food and hygiene to help reduce the risk of cross contamination.
- ☐ Staff confirmed there was enough personal protective equipment (PPE) of aprons and gloves for them to use and that these were single use items only.

Learning lessons when things go wrong

- ☐ Accidents and incidents that happened were documented and any actions taken to reduce the risk of it happening again were implemented. These included a new in-house medication procedure put in place following a medication error and safeguarding investigation.

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.

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

- ☐ The building did not have enough storage areas to store people's equipment such as hoists and wheelchairs whilst not in use. Areas such as people's communal bathrooms were used to store this equipment. The registered manager told us this was to make sure all corridors were kept free from obstacles in the event of an emergency evacuation.
- ☐ Areas of the building needed redecoration. This included corners of walls badly damaged by people's equipment and chairs when moving around the service.
- ☐ People's rooms were decorated and were personalised.
- ☐ Information signs and posters were in different communication formats to help enable people's understanding.
- ☐ Equipment supported people's independence and helped people to move around and complete more tasks.

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

- ☐ People's needs were assessed before they used the service and reviewed whilst at the service. From information collected, care, support plans and risk assessments were written with the person and their relative, legal representative or advocate.
- ☐ The registered manager and staff worked with external health professionals and organisations such as the Speech and Language Therapists (SALT) team. This made sure people were being supported in line with current best practice guidance to promote people's well-being.

Staff support: induction, training, skills and experience

- ☐ Staff new to care were required to complete an induction that was the Care Certificate. This is a nationally recognised training programme to develop staff with the skills and knowledge required to work in health care.
- ☐ Staff had been trained to support people effectively and help them with their independence. Staff told us that they were encouraged to request training. One staff member said how they had asked for training in Makaton and that this was being looked into. Makaton is a language programme designed to help people communicate who cannot or have limited speech.
- ☐ Staff told us they had supervisions, observation competency checks, and support from the management to carry out their roles effectively. A staff member said, "We have supervision here. . . However, I feel I can approach the management at any time. My manager will listen to me, so I feel supervised on a daily basis. They are two-way conversations."

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

- Staff promoted people's rights to choose what they wanted to eat and where they wanted to eat their meals. Observations showed this in practice. A person when asked if they liked the food told us, "Yes."
- Staff promoted and helped people maintain their independence by using adapted crockery and cutlery, so they could eat independently with little or no staff support.
- Staff supported people at risk of choking by helping them and, or, preparing food and drinks to the correct consistency in line with SALT guidance. This information was documented and readily available for staff to refer to. A relative said, "[Family members] food is liquidised due to [their] swallowing [needs]."

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

- Staff supported people to attend health appointments. A staff member said, "Staff are expected to help people attend health appointments. ... We have got a special dentist that does home visits, there are six months to yearly check-ups for people." A relative confirmed to us that staff contacted the GP when needed.
- External health and social care professionals and agencies worked with the registered manager and staff. These included the SALT team, GP's, chiropodists, clinical psychiatrist, district nurses, epilepsy specialist nurses and social workers. From this involvement, information was available for staff to refer to, to help support people effectively.

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.
- People were encouraged to make their own decisions wherever possible. Mental capacity assessments had been completed and applications had been submitted to the local authority. Appropriate applications to deprive people of their liberty had been sought and were awaiting authorisation.
- A staff member said you would only make a choice for a person, "If you feel it is in [a person's] best interest and to better their lives if they can't make choices for themselves."

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

- ☐ A person and a relative had positive opinions about the support and care they or their family member received from staff. This was because staff treated people with kindness.
- ☐ One person when asked if they were happy living here said, "Yes." When asked why, they told us, "Because I'm happy." A relative said, "I think it's wonderful [here]. [Family member] always looks nice. They look clean and tidy, always wearing nice clothes. Staff are always kind to people. They treat them like their relatives."
- ☐ Interactions seen throughout the day between staff and people were respectful and kind. People's body language and facial expressions showed they were fond of the staff members as they engaged with them.
- ☐ Staff valued people's diverse needs and preferences, and they provided care in a way that supported this. We saw staff treated people in a non-discriminatory way.
- ☐

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

- ☐ People were able to express their views at meetings and discussions with staff. A relative said, "I have my say at the annual reviews. We [relatives] always get invited, and the key worker always attend. I feel listened to and what was agreed is all documented... I feel kept up to date with [family members] care decisions."
- ☐ For people with limited verbal communication various communication tools were used to by staff enable the person to be involved in the decisions about their care and support. We saw staff lean in close and make eye contact with one person, so the person could clearly see their face. Staff spoke slowly with this person to aid with their understanding. This showed that staff understood how to communicate with people.
- ☐ An advocacy service was available for people who wished for this type of support. Advocacy is an independent service that support people communicate their wishes and decisions.

Respecting and promoting people's privacy, dignity and independence

- ☐ Staff considered each person's needs and acted according to these by encouraging people to do as much as they could themselves. We saw staff supported people at the pace the person preferred.
- ☐ Measures were in place to make sure that people's personal information, including care records were held securely.
- ☐ Staff were respectful and knocked on people's bedroom doors and introduced themselves before entering. Personal care support was carried out by staff behind closed doors to promote and maintain people's privacy and dignity.
- ☐ Visitors were made welcome to the service. A relative confirmed, "Staff make me welcome when I visit... Staff always ask about you and say hello which is nice."

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

- ☐ A relative told us, "When [family member] got to live here, staff asked questions about [family member] to get to know them, I bought their previous records, so they had lots of information about [family member]."
- ☐ Reviews of people care, and support needs were carried out. This included a yearly 'whole life review' that involved the person, their relatives and health and social care professionals. This made sure that information held around people's support and care needs was up-to-date and relevant
- ☐ Staff supported people to maintain their interests. They helped people to take part in activities both in the service and in the community to promote social inclusion. This included trips to local theatre shows. A relative said, "[Staff] do lovely things for [people's] birthdays, Christmas and Halloween."

Improving care quality in response to complaints or concerns

- ☐ We saw that staff had received compliments from relatives of people who used the service.
- ☐ Information on how to make a complaint was available in easy read formats. This helped people to understand the complaints process.
- ☐ When a complaint had been received whether verbally or in writing, we saw that it had been taken seriously, investigated and responded to.

End of life care and support

- ☐ When people and their relatives or representatives were happy to discuss their, their family members end of life wishes, these would be documented as guidance for staff to follow.
- ☐ Staff told us that they would work with external health care professional's guidance and advice when it became clear that the person's health condition had deteriorated. This would enable staff to support people to have the most comfortable, dignified, and pain-free a death as possible.
- ☐ A staff member said, "With end of life care, we do speak to the district nurses to guide us. We work with GP's. We try to keep people in their own home if that is their choice."

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

- ☐ Staff were aware of the culture and vision of the service. This was because of the clear feedback to staff from the management team about what was expected.
- ☐ Relatives and staff felt listened to and told us that the registered manager and staff team were approachable. A relative said, "[The registered manager] is always approachable and will sit and listen."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- ☐ Quarterly health and safety audits and weekly medication audits were carried out to monitor the quality of service provided. The service had also put an action plan to make the necessary improvements found during a local authority monitoring visit. The action plan showed that actions were either completed or being worked on.
- ☐ Regular monitoring visits to the service were completed by a member of the senior management team. Improvements were noted, and actions were put in place.

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

- ☐ Staff supported people with their individual and diverse needs and could demonstrate to us they knew the people they supported well.
- ☐ Surveys were used to gather feedback from people. A survey carried out in 2018 was positive but there had been a request for more male staff. The registered manager told us they were trying to recruit new staff to the service.
- ☐ Relatives of people using the service and stakeholders were asked to feedback on the quality of service provided. A relative told us, "I am so pleased this place came up, [family member] has been here [number of] years in August and it is really nice... It is the little touches that staff are really good at, the attention to detail."
- ☐ The service was working under the principles of the Accessible Information Standard. The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. It is now the law for the NHS and adult social care services to comply with AIS. The service ensured that any information people needed was available in differing formats to aid with people's understanding. Staff used differing communication tools, such as easy read information, pen and paper, and picture cards to help people to express how they felt and communicate their wishes.

Working in partnership with others

- ☐ The registered manager and staff worked with key organisations such as representatives from the SALT team, GP's, chiropodists, clinical psychiatrist, district nurses, epilepsy specialist nurses and social workers. This was to provide joined-up care and support for people.