Ordinary Life Project Association(The)

Ordinary Life Project Association - 10 Brampton Court

Inspection report

10 Brampton Court
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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

This service provides accommodation and support to four people with learning disabilities and autism. This inspection was unannounced and took place on the 17 December 2015. At the time of our inspection there were two people living at the service. The home was last inspected in July 2013 and all the standards we inspected were met.

A registered manager was in post at the time of our inspection visit. 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.

We observed people attract staff attention and their behaviour indicated they welcomed these interactions. The staff knew the types of abuse and the expectations that they report any suspicions of abuse. Safeguarding procedures were on display and described the actions to be taken and included the contact details of agencies for staff to report allegations of abuse.

Arrangements were in place to manage risk. Where risks were identified action plans were developed. For example, for people at risk of choking and malnutrition and for people with moving and handling needs. Risk assessments action plans for moving and handling included photographs to give clear guidance to staff on specific techniques to support people with mobility needs.

The staff team at this service was small and stable. Staff clearly knew people and their families. The registered manager said the staffing levels were to increase to support people with their changing needs. The rota demonstrated additional staff were deployed to assist people to access community facilities. Staff said staffing levels were sufficient to meet people's needs.

New staff said the induction programme prepared them to work unsupervised. Staff said the training provided developed their skills for them to meet people's changing needs.

Members of staff enabled people to make choices about their meals, what they wore and the activities they joined. Staff said tasks were explained to the person and they supported people with decision making. Mental Capacity Assessments (MCA) 2005 were completed to assess people's capacity to make specific

decisions. Best interest decisions were made for people where they lacked capacity to make specific decisions.

People were subject to continuous supervision. Deprivation of Liberty Safeguards (DoLS) applications were made to the supervisory body for authorisation. The registered manager said DoLS authorisations were outstanding from the supervisory body.

People were supported with their healthcare needs. People were registered with a GP and health action plans in place supported people with their ongoing healthcare needs. People had access to specialists such as Occupational Therapists (OT), Speech and Language Therapist (SaLT), opticians and dentists.

Care plans on meeting aspects of people's care needs were developed and described the areas of their care the person was able to manage for themselves. The assistance needed from the staff formed part of the care plan which the staff reviewed six monthly.

An easy read complaints procedure was on display which told people how to raise complaints.

The staff said the team worked well together and there was good team spirit. They said the registered manager was approachable and were given guidance to meet people's needs.

Systems were in place to gather people's views during house meetings. Quality assurance arrangements in place ensured people's safety and well-being. Systems and processes were used to assess, monitor and improve the quality, safety and welfare of people. There were systems of auditing which ensured people received appropriate care and treatment.

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.

Sufficient levels of staff were deployed to meet people's needs.

Safe systems of medicine management were in place. Staff signed medication administration charts to show they had administered the medicines. Protocols for administering "when required" medicines were developed and included were the purpose of the medicines.

Staff knew the procedures they must follow if there were any allegations of abuse.

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

Is the service effective?

Good

The service was effective.

People were able to make day to day decisions. Best interest decisions were made for specific decisions where people lacked capacity to make them.

New staff said their induction prepared them to undertake their roles and responsibilities. Members of staff benefit from one to one meetings with their line manager. Staff said the training delivered increased their skills to meet people's changing needs.

People's dietary requirements were catered for at the home

Is the service caring?

Good

The service was caring.

People received care and treatment in their preferred manner

which respected their human rights.

Members of staff were respectful and consulted people before they offered support.

The interactions we observed between people and staff were positive.

Is the service responsive?

Good

The service was responsive.

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

No complaints were received from relatives and members of the public for investigation since the last inspection.

People attended clubs and participated in community activities.

Is the service well-led?

Good

The service was well led.

Systems were in place to gather people's views.

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

Quality assurance systems to monitor and assess the quality of care were in place and protected from unsafe care and treatment. There was a lack of staff understanding of the principles of the Mental Capacity Act (MCA) 2005 and that support plans and risk assessment were not in place for all aspects of people's care and treatment. However, they were not identified in the audits.

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Detailed findings

Background to this inspection

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

This inspection took place on the 17 December 2015 and was unannounced.

The inspection was completed by one inspector. Before the inspection we reviewed information we hold about the service, including previous inspection reports and notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us.

During the visit we spoke with one person living at the home, the registered manager, the area manager, the training officer and two members of staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spent time observing the way staff interacted with people who use the service and looked at the records relating to support and decision making for two people. We also looked at records about the management of the service.

Good

Our findings

We observed people accept staff attention and there was good interaction between people and staff. We saw from people's expression they welcome the attention from the staff. Members of staff knew the safeguarding adults procedures. They knew it was their duty to report any poor practice they may witness by other members of staff. One member of staff said allegations of abuse were reported to the registered manager and they knew the statutory agencies to contact if their concerns were not taken seriously. Another member of staff said during team meetings safeguarding adult's procedures were discussed. Safeguarding of vulnerable adults from abuse procedures were on display which gave staff details on the actions to be taken and contact details of statutory bodies for reporting allegations abuse.

Risk management systems in place minimised risk. One member of staff said risks were assessed for people at risk of choking and malnutrition and for people with moving and handling needs. Risk assessments were in place for safe moving and handling and the plans included photographs to help staff understand techniques. For example, photographs were taken on how to assist one person into the home's vehicle. Another member of staff said healthcare professionals were involved and their advice was used to develop plans on minimising the risk to people. Food and drink care plans in place described the guidance given on the texture of the diet to be served for people at risk of choking.

Members of staff completed intervention charts to monitor the action plans developed to minimise risk. Intervention charts were in place for food and fluid and to monitor weight.

Contingency plans were in place and gave staff key information on the location of service, for example, service points and codes for keypads were included in the evacuation plans. Personal emergency evacuation plans (PEEP) in place described the assistance needed from the staff and their access needs for safe evacuation of the property.

Sufficient numbers of staff were on duty throughout the day and night. One member of staff said there was some lone working during the week and at weekends. Out of hours and on call procedures in the event of an emergency were in place to support lone working. They said the registered manager always ensured there were sufficient numbers of staff on duty for people to participate in community activities.

The staffing rota showed twice weekly there were two staff on duty and at all other times there was lone working. On the days where one member of staff was on duty, visits were organised for agency staff to assist with safe moving and handling manoeuvres. The registered manager said the staffing levels were to increase

from two staff on duty twice weekly to three weekly.

Safe systems of medicine management were in place. The medicine file included the person's photograph to ensure staff were able to confirm people's identity and included information on how the person preferred to take their medicines. Medication Administration Records (MAR) charts gave the directions for administration which staff signed to show administration.

Protocols for administering "when required" medicines were developed and included was the purpose of medicine. Since the inspection visit the registered manager has updated protocols for pain relief. The maximum dose to be administered in a 24 hour period was included in the protocols.

People at risk of choking were prescribed with thickeners. However, staff were not recording when the thickeners were used in fluids. The registered manager provided us with evidence that since our inspection a record of thickeners used in drinks was maintained.

Good

Our findings

New staff attended an induction to prepare them to work with people living at the service. A member of staff said there was an induction programme to be completed during the probationary period and covered shadowing more experienced staff.

People received care and treatment from staff that were skilled and well supported. Members of staff said one to one meetings with the registered manager were regular. One new member of staff said their one to one meetings were monthly and at these meetings they were able to raise any issues.

Staff attended training that increased their skills and developed their knowledge of people's needs. The training officer present during the inspection explained their role which included delivering mandatory training set by the provider, organising the induction programme for new staff and developing links with community healthcare professionals for specialist training. We saw during the inspection visit that training on food safety was being delivered to the staff team. The training officer said visits to deliver specific training were arranged to each service four times per year. They said the aim of the organisation was for all staff to be trained.

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 when this is in their best interests and legally authorised under the MCA.

People made daily decisions. We saw people make choices of refreshments from the two options shown by staff. A member of staff said to enable choice people were shown the options available. Where there were concerns about people's ability to make specific decisions MCA 2005 assessments were undertaken. For example, health screening, administration of medication and vaccines.

Records detailed the decision makers for best interest decisions made for people who lacked capacity to make decisions. For example, the GP made best interest decision for people who lacked capacity to make decisions about having vaccines. The registered manager said choices were always offered and guidance

was sought where people refused treatment. For example, at times people may refuse medicines and the advice gained from healthcare professionals was followed.

People were subject to continuous supervision in the home and in the community. Deprivation of Liberty Safeguards (DoLS) for continuous supervision were made to the supervisory body for people living at the service. The registered manager said the outcome on the applications were outstanding.

A member of staff said care plans were developed for people who at times presented with difficult behaviours. The care plans described how staff were to interpret specific behaviours and how they were to respond. For example vocal noises and body language.

People's dietary requirements were met. The menus in place showed for breakfast people were offered a choice of cereals, the lunch was usually light lunch for example, sandwich and in the evenings the staff prepared a cooked meal. The range of fresh, frozen and tinned foods reflected the menus in place.

People were supported with their ongoing health care needs. Staff said people had annual checks and action plans were developed to support people with their health needs. Health action plans detailed people's preferred methods of communication which gave staff guidance on how information was to be presented to help people understand. The person's general health was assessed and included was the healthcare professionals involved and routine such as sleeping patterns were part of the plan. Action plans from the assessment were devised to help the person maintain their health. For example, healthy eating plans, pain assessments and checks to identify deterioration of health.

The healthcare professionals involved in people's care reported on outcome of their visits. The healthcare professional's involved included dentists, optician, occupational therapists (OT) and Speech and Language Therapist (SaLT). Reports of the visits detailed the nature of the visit and the advice given. Care plans were then developed to follow the advice given. For example, food and drink care plans detailed the SaLT advice given on the texture of diet to be served.

Good

Our findings

We used Short Observational Framework for Inspection (SOFI) where people were not able to tell us their views. We saw positive interactions between people and staff. We saw staff address people by name and offered people choices refreshments. We saw staff approach people and tell they were leaving and when they will be returning to work. We observed people sitting in their preferred area for example, watching the television in the lounge and the conservatory. We observed people gain attention from the staff when they needed support to sit comfortably and needed a position change.

People's life story and background histories were recorded in the care plans. This gave staff insight into people's relationships, preferred methods of communication and activities.

One member of staff said "last night it was two blokes watching a film. When it's needed I deliver personal care otherwise its two males getting on with each other".

People's rights were respected by the staff. Staff gave us examples on how they respected people's rights, For example, before undertaking tasks they introduced themselves to the person and explained to them the tasks staff were about to undertake. Personal care was delivered in private and they knocked on bedroom doors before entering. The registered manager said staff attended training to ensure they know the expectations to respect people's rights

People had access to advocacy services. The registered manager said when needed advocacy support was sought for example, advocacy as used to support one person finance an activity.

Good

Our findings

Care plans were developed on aspects of people's care needs. The registered manager said where appropriate people were involved in the development of their care plan. They said the care plans were developed on staff's perceptions of people's preferred routines and the manner staff perceived the person to like their care delivered. Staff said the care plans detailed the aspects of care the person was able to manage for themselves and the support needed from the staff.

Communication care plans in place detailed the person's preferred method of communication. Action plans detailed the staff's perceived interpretation of vocal noises and body language and how staff must respond to the person. A member of staff said some care plans were in photograph and words. They said the photographs were used to explain to people the activity to take place. For example visits to the dentist.

The registered manager and keyworkers (staff assigned to specific people) review documentation monthly which included care plans and activities. Where people's needs changed the care plans were updated and discussed at team meetings.

Staff said handovers when shift changes occurred told them about people current needs. The registered manager said there was an overlap of staff when there were shift changes. They said a detailed handover happened and key points were recorded on the communication book.

Activities care plans were in place and some people liked to visits pubs and clubs. Staff said people were supported to participate in community activities, visit friends and to visit coffee shops and pubs.

Staff said when complaints were received they were passed to the registered manager for investigation. The registered manager said there were no recent complaints. The easy read complaints procedure with pictures and words on display told people how to make a complaint.

Good

Our findings

The views of people were gathered during house meetings. The registered manager said questionnaires to seek feedback from people were being developed. Feedback about the service was sought from staff and visitors to the home. Relative's comments about the service included "homely warm and welcoming". Agency staff who gave feedback said they received information about people's routines when they went to work at the home.

Staff meetings were held monthly to share information and discuss all aspects of care and treatment delivered. We were present on part of the team meeting on the day of our inspection. The whole staff team and the registered manager were present and the agenda followed included staff training, the care of people and the provision of day services.

The registered manager said the vision and values of the organisation was to provide support to people in their own homes. The staff were equipped by training to maximise people's independence, autonomy and equalities. A member of staff said the vision was to provide good quality of life for people.

Staff said the team worked well together. One member of staff on induction said they had the help and guidance to fulfil their roles and responsibilities. Another member of staff said communication was good between staff. The registered manager said the team worked well together.

The registered manager said as they worked alongside staff their preferred leadership style was role modelling. They said "I am fair, I lead by example and I do the rota in a fair way. The staff know what they are working two weeks in advance but primarily rotas benefit people's needs". Documentation was based on person centred care and "everything was done to ensure people have the best life possible".

One member of staff said the registered manager would give guidance to staff. They said they were shown new tasks and the registered manager would repeat the instructions until the staff were confident.

The registered manager said ensuring staff shared the values of the organisation and the management of rotas were key challenges. For example, ensuring there was sufficient staff on duty to provide leisure activities.

The standards of care and treatment were assessed by a quality assurance team which included an area manager, Human Resources (HR) and the Chief Executive. Monthly visits were conducted by the most

appropriate team member to the nature of the visit. At the most recent visit on 29 October 2015 the environment and the security of records was the focus of the visit. The property was to be adapted to give safe access out of the property in the event of a fire. Medicine systems were checked at the previous visit and the action plan was achieved by the next visit.

The registered manager told us and we saw house specific audits were undertaken monthly for the environment, staffing and delivery of care to people. Where gaps were found in the expected standards an action plans was developed. For example, certificates of vocational qualifications were missing from staff files.