

Life Path Trust Limited

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Inspection report

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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

We undertook an announced inspection of Life Path Trust on 28 June and 2 July 2018.

Life Path Trust limited provides personal care for people with learning disabilities. The service supports people in three supported living complexes in the Oxfordshire area. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. On the days of our inspection 15 were being supported by the service.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good overall.

Why the service is rated Good:

At our last inspection in June 2016 we found risks were not always managed safely. Some staff did not always follow guidance provided to keep people safe and the registered manager immediately took action to address the issue. At this inspection we found improvements had been made.

People remained safe living in the home. There were sufficient staff to meet people's needs and staff had time to spend with people. Risk assessments were carried out and promoted positive risk taking, which enabled people to live their lives as they chose. People received their medicines safely and were protected from the risks of infection.

There was a registered manager in post. 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.

The service continued to provide support in a caring way. Staff supported people with kindness and compassion and went the extra mile to provide support at a personal level. Staff knew people well, respected them as individuals and treated them with dignity whilst providing a high level of emotional support. People and their relatives, were fully involved in decisions about their care needs and the support they required to meet those individual needs.

People's nutritional needs were met and staff supported people to maintain a healthy diet. Where people had specific dietary needs, these were met.

There was a positive culture at the service that valued people, relatives and staff and promoted a caring

ethos that put people at the forefront of everything they did.

People continued to receive effective care from staff who had the skills and knowledge to support them and meet their needs. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the procedures in the service supported this practice. People were supported to access health professionals when needed and staff worked closely with people's GPs to ensure their health and well-being was monitored.

People had access to information about their care and staff supported people in their preferred method of communication.

The service continued to be responsive to people's needs and ensured people were supported in a personalised way. People's changing needs were responded to promptly. People had access to a variety of activities that met their individual needs.

The registered manager monitored the quality of the service and looked for continuous improvement. There was a clear vision to deliver high-quality care and support and promote a positive culture that was person-centred, open, inclusive and empowering which achieved good outcomes for people.

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 has improved to Good

Risks to people were managed and assessments were in place to manage the risk and keep people safe. People received their medicines as prescribed.

There were sufficient staff deployed to meet people's needs.

People told us they felt safe. Staff knew how to identify and raise concerns.

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Life Path Trust Limited

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 28 June and 2 July 2018 and was announced. We told the provider two days before our visit that we would be coming. We did this because the registered manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that someone would be available. The inspection was carried out by one inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We looked at the PIR, previous inspection reports and notifications we had received. Notifications are certain events that providers are required by law to tell us about. We also contacted the local authority and a healthcare professional for their views on the service.

All the people living in the home we visited had varying degrees of difficulty verbalising. However, we spoke with two people, three relatives, two care staff, the registered manager and the operations director. During the inspection we looked at five people's care plans, four staff files, medicine records and other records relating to the management of the service. We observed care practice throughout on the second day of our inspection.

Is the service safe?

Our findings

At our last inspection in June 2016 we found risks were not always managed safely. Some staff did not always follow guidance provided to keep people safe and the registered manager immediately took action to address the issue.

At this inspection we found improvements had been made and sustained. Risks to people were identified in their care plans. People were able to move freely around the home we visited and there were systems in place to manage risks relating to people's individual needs. Staff followed guidance to keep people safe. For example, one person was at risk of seizures. This person's condition was managed by their medicine and staff were guided to ensure the person received their medicine as prescribed. They were also guided to ensure the person was getting 'adequate sleep and rest'. This person also had a condition specific support plan in place. Staff and records confirmed this guidance was followed.

Another person was at risk from trips and falls. Staff were guided to ensure this person's environment was 'clutter free' and safe for them to navigate around the home we visited. We saw this person's room was tidy and free from trip hazards, as was the rest of this home.

People told us they felt safe. One person said, "I am safe". Another laughed, nodded and gave a thumbs up sign. Relative told us people were safe. Their comments included; "Yes very safe", "Yes [Person] is safe, there are always staff there to support them", and "Very safe and secure, yes".

Staff had received training in safeguarding adults and understood their responsibilities to identify and report any concerns. Staff were confident that action would be taken if they raised any concerns relating to potential abuse. Staff comments included; "I'd report any concerns to my manager, social services and the safeguarding team" and "I would contact my manager and CQC (Care Quality Commission)". There were safeguarding procedures in place and records showed that all concerns had been taken seriously, fully investigated and appropriate action taken.

There were sufficient staff to meet people's needs. Staff were not rushed in their duties and had time to sit and chat with people. Relatives told us, "I think there is enough staff, yes plenty" and "There's always plenty of staff whenever we visit". Staff told us there were sufficient staff to support people. Their comments included; "I think there is enough staff here" and "There is enough [staff]. Occasionally we use agency staff but they are regulars who know the citizens [people]".

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the service. These included employment references and Disclosure and Barring Service (DBS) checks. These checks identified if prospective staff were of good character and were suitable for their role. This allowed the registered manager to make safer recruitment decisions.

Medicines were managed safely. Records relating to the administration of medicines were accurate and complete. Medicines were stored securely in people's rooms. Where people were prescribed medicines with

specific instructions for administration we saw these instructions were followed. One relative said, "Everything is absolutely fine with [Person's] medication. No problems".

Staff responsible for the administration of medicines had completed training and their competency was assessed regularly to ensure they had the skills and knowledge to administer medicines safely. Staff we spoke with told us they had received medicine training and were confident supporting people with their medicines. One staff member said, "I have been trained in medication and my competency to administer medicine safely is regularly checked"

Accidents and incidents were recorded and investigated to enable the service to learn from incidents and mistakes. For example, following an incident the investigation concluded that contact with the family was not as prompt as it could have been. An email was sent to all managers and staff highlighting the need for prompt communications by 'on call managers and staff' during any incidents.

People were protected from risks associated with infection control. Staff had been trained in infection control procedures and were provided with personal protective equipment (PPE). An up to date infection control policy was in place which provided staff with information relating to infection control. This included; PPE, hand washing, safe disposal of sharps and information on infectious diseases.

We spoke with staff about infection control. Their comments included; "We have enough gloves and aprons. Our home is clean and we ensure our citizens [people] are well groomed" and "I've had training and we use colour coded cleaning equipment to prevent cross contamination and we have lots of PPE (Personal Protective Equipment). We get all our supplies straight from the supplier so there are no delays or shortages". On the day of our visit, the home we visited was clean, tidy and free from malodours.

Is the service effective?

Our findings

The service continued to provide effective care and support to people. People were supported by staff who had the skills and knowledge to meet their needs. New staff completed an induction to ensure they had appropriate skills and were confident to support people effectively. A relative commented, "I think staff have a good knowledge of [Person]. They are very good".

Staff told us and records confirmed that staff received support through regular one to one meetings with their line manager and training. Staff training records were maintained and we saw planned training was up to date. Where training was required, we saw training events had been booked. Staff also had further training opportunities. One staff member said, "I am supported with supervision. I find them useful".

People were supported in line with the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. Staff had received training and understood how to support people in line with the principles of the Act. One staff member said, "The Act helps us to support people to make choices and it protects their rights to make decisions. We work in their best interests".

Care plans contained consent documents signed and dated by people and their relatives. Throughout our inspection we saw staff routinely involved people in decisions and sought their consent.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had a clear understanding of DoLS. At the time of our inspection, one person at the service was subject to a DoLS authorisation.

People's needs were assessed prior to their admission to ensure their care needs could be met in line with current guidance and best practice. This included guidance from healthcare professionals. For example, where people were at risk of choking a speech and language therapist (SALT) had assessed the person and provided guidance for staff. This guidance was incorporated into the person's support plan.

People had enough to eat and drink. Care plans contained information about people's dietary preferences and details of how people wanted to be supported. Any allergies or special nutritional information was highlighted in people's care plans. Relative's told us people's nutritional needs were being met. One relative commented, "Oh yes, [Person] is very well fed, he enjoys his food".

People were supported to maintain good health. Various health professionals were involved in assessing, planning and evaluating people's care and treatment. Visits by healthcare professionals, assessments and referrals were all recorded in people's care plans. One healthcare professional said, "They are generally good at acting on recommendations I have made and support service users to follow them".

People's rooms were furnished and adapted to meet their individual needs and preferences. Paintings, pictures and soft furnishings evidenced people were involved in adapting their rooms.

Is the service caring?

Our findings

The service continued to provide a caring service to people who benefitted from caring relationships with the staff. One person said, "[Staff name] is my friend, he looks after me". One relative said, "Definitely caring relationships. [Person] can sometimes be a bit selective but we know she really loves the staff".

People were supported by a dedicated staff team who had genuine warmth and affection for people. Staff comments included: "I enjoy working with these people. It is rewarding. The support that I receive I pass on to the citizens [people], they are all lovely" and "We have established good, close relationships with people. This job is about using your head and your heart. You have to use both".

People's independence was promoted. Care plans guided staff to support people to remain independent. We spoke with staff about promoting people's independence. Staff comments included; "I try to give them [people] independence in a way I would want myself. It's about choice" and "I let them do what they can. If they can make a cup of tea then I support them to do that. I don't create dependency".

People were involved in planning their care and the day to day support they received. Records showed people were involved in reviews of their care and staff told us they involved people in their support. One staff member said, "I explain, describe and praise citizens. It involves them".

People were treated with dignity and respect. When staff spoke about people to us or amongst themselves they were respectful and they displayed genuine affection. Language used in care plans was respectful. People were addressed by their preferred names and staff knocked on people's doors before entering. Throughout the inspection we observed staff treating people with dignity, respect and compassion.

People received emotional support. Care plans highlighted emotional support needs and staff told us how they provided this support. One staff member said, "We try, really. We do care for them and we find ways to support them, that lifts them. That is where empathy kicks in". We asked one relative if emotional support was provided to the person. They said, "[Person] likes staff to just sit with them, it works. The staff do that". During our inspection we saw staff sitting with this person which reassured them.

The service ensured people's care plans and other personal information was kept confidential. People's information was stored securely at the office. Where office staff moved away from their desks we saw computer screens were turned off to maintain information security. People's care plans and healthcare information was stored securely in their rooms. A confidentiality policy was in place and gave staff information about keeping people's information confidential.

Is the service responsive?

Our findings

The service continued to be responsive. Care records contained details of people's personal histories, likes, dislikes and preferences and included people's preferred names, interests, hobbies and religious needs. Staff were aware of, and respected people's preferences.

Staff treated people as individuals. For example, care plans contained information as to how people wished to be supported. One person had stated how they liked their hair brushed and styled and we observed a staff member styling this person's hair in line with their request. Another person was independent and had asked for guidance and support with tasks. The care plan noted the person could become frustrated with some tasks but responded well to 'praise and a reward of a cup of tea or cold drink'. We observed a member of staff supporting this person in line with this guidance. One staff member said, "Yes they are individuals and everybody is treated differently, as an individual".

The service supported people to have access to information. People had access to their care records and staff informed people about all aspects of their care. Where appropriate, staff explained documents to relatives and legal representatives. Care plans and support documents were presented in easy read, picture format to enable people to understand them. Where necessary, documents were provided in large print. One person's care plan stated 'I can read well but print size must be font 18'. This enabled the person to access information in their support plan.

Care plans and risk assessments were reviewed to reflect people's changing needs. For example, one person's condition changed and their care was reviewed. As a result we saw their medicine was changed to reflect their current condition.

People were offered a range of activities they could engage in. People attended art classes, swimming, day centres or went shopping. Some people went out socially for drinks. People also engaged in activities in this home. For example, people had planted and maintained a series of plant pots in the large, secure garden. These pots appeared well kept. On the day of our inspection all four people from the home we visited were going out to attend various activities of their choosing.

No one at the home we visited was currently receiving end of life care. Care plans contained a section where people could record their advanced wishes. However, staff told us people were not inclined to talk about end of life as they were of a younger age.

People's diverse needs were respected. Discussion with the registered manager showed that they respected people's different sexual orientation so that all people could feel accepted and welcomed in the service. The provider's equality and diversity policy supported this culture. We asked staff about diversity. One staff member said, "These people are unique so we treat them that way, as individuals regardless of their background or culture".

The service had systems in place to record, investigate and resolve complaints. Three complaints had been

recorded in 2018 and were dealt with compassionately, in line with the provider's policy.

Relatives told us they knew how to complain and were confident action would be taken. Their comments included; "We know who to contact and anything raised would be dealt with, definitely" and "I would ring [Registered manager]. I'm confident they would act on any concerns".

Is the service well-led?

Our findings

The service continued to be well led. There was a registered manager in post. 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 knew the registered manager who was present throughout the inspection and interacted with people in a friendly and familiar way. It was clear that positive relationships had been formed between people and the registered manager.

Staff told us they had confidence in the service and felt it was well managed. Staff comments included; "The manager is very good, very supportive. This place is well run" and "[Registered manager] is good, they communicate well".

Relatives told us they had confidence in the registered manager and felt the service was well run. Their comments included; "She [registered manager] is good and things are well run", "Communication is very good" and "[Registered manager] is fine, she has a lot of time for [Person]. Yes, the service is definitely well run".

The service had a positive culture that was open and honest. Staff were valued and people were treated as individuals. Throughout our visit management and staff were keen to demonstrate their practices and gave unlimited access to documents and records. The registered manager spoke openly and honestly about the service and the challenges they faced.

The registered manager monitored the quality of service. For example, audits were conducted by the registered manager. Action plans arising from audits were used to improve the service. Following analysis of audit results the registered manager identified a pattern relating to medicine errors which tended to occur at particular times of the year. Action was taken and at these times of the year staff were issued with 'medicine reminder cards' that highlighted best practice in relation to medicine administration. Records confirmed that since implementing this measure, medicine errors had reduced.

The registered manager looked for continuous improvement. Resident meetings and staff meetings were used to improve the service. Some people had become 'representatives' where they attended the 'citizen's board meetings. They were able to raise issues or concerns at these meeting and senior managers considered people's suggestions.

The service worked in partnership with local authorities, healthcare professionals, GPs and social services. One partner said, "I found the manager very helpful and will respond to my correspondence in a timely manner, I have no issues at all and feel that my client [person] has had all his needs met". A healthcare professional said, "They are a team of relatively young and enthusiastic support workers who build good

relationships with the service users. The atmosphere within the service is very homely, service users and support workers build good relationships and it feels very relaxed when visiting".