

## Life Opportunities Trust

# 186-188 Lowdell Close

### Inspection report

186-188 Lowdell Close  
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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

186-188 Lowdell Close is a care home that provides accommodation for up to four people who have learning disabilities.

The inspection took place on 15 and 16 December 2014 and was unannounced. The last inspection took place on 23 September 2013 and the provider had met the regulations we checked.

There was an acting manager in post and they had begun the process to register as the manager of 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.

Some parts of the environment were not well maintained. In some communal areas the carpets were stained and paintwork was chipped and marked in some rooms.

# Summary of findings

We found this was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 in relation to the suitability and maintenance of the premises.

You can see what action we told the provider to take at the back of the full version of the report.

Relatives said they would talk with the manager if they had a worry or concern. Staff were aware of what to do if they were concerned about a person's welfare and had received training on safeguarding people from abuse.

There were enough staff on duty to meet people's needs and staffing levels were increased when there were social events or if people had appointments to attend. Recruitment checks were carried out before new staff started working in the service.

Staff had undertaken training on the Mental Capacity Act 2005 (MCA) and were aware of their responsibilities in relation to the Deprivation of Liberty Safeguards (DoLS). The safeguards if applied for would enable the service to lawfully impose restrictions to keep people safe. Staff understood their role was to support people in making decisions where possible about their lives and assess if restrictions needed to be put in place for their safety. This included people being asked what food they wanted to eat and supported to decide how they spent their time.

Arrangements and checks were in place for the safe management of people's medicines.

The staff team considered and assessed people's nutritional needs by making sure they received a choice of food and drinks that met their individual needs.

Staff received training and one to one support through supervision meetings and appraisals.

Staff were caring, and treated people with dignity and respect. Care plans were detailed and informed staff how to support people safely and appropriately.

Throughout the inspection, we observed that staff cared for people in a way that took into account their right to make choices about their lives.

There was a clear management structure at the service and people, staff and relatives told us that the management team were approachable and supportive. Staff showed an understanding of people's individual needs.

There were effective systems in place to monitor the quality of the service so that areas for improvement were identified and action taken to address these.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe. Staff demonstrated a good understanding of how to keep people safe from the risk of abuse and how to report any concerns.

Risks were assessed and staff regularly reviewed these so that people's individual needs were being met safely.

There were good medicines management arrangements in place so that people received their prescribed medicines safely.

There were sufficient numbers of staff to keep people safe and staffing levels were flexible to meet people's individual needs.

Good



### Is the service effective?

Not all aspects of the service were effective. The carpets in some communal areas were marked and stained making it appear unwelcoming. Certain areas of the service also needed painting as walls and door frames were marked.

Staff received ongoing training, regular supervision and support that enabled them to provide effective care and support to people.

Staff worked closely with relatives and health and social care professionals so that people received care that was appropriate and centred on their needs.

Staff understood people's rights to make choices about their care and support. Staff were aware of their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

We saw that staff encouraged and supported people to have meals that met their individual preferences and needs.

Requires Improvement



### Is the service caring?

The service was caring. People who used the service were supported by staff with care and understanding.

Staff respected people and their choices and they promoted people's right to make decisions regarding how they spent their time in the service.

Staff had a good understanding of people's needs and encouraged people to make decisions about how they wanted to be cared for and supported.

Good



### Is the service responsive?

The service was responsive. People's individual needs and wishes were assessed. People and their relatives were involved in planning their care so that staff had accurate information about people's needs.

Good



# Summary of findings

Activities were arranged that met people's preferences. Staff interacted with people and provided them with stimulation so that they were not bored or isolated.

Information about how to make a complaint was available to people and their relatives. Complaints were investigated and responded to appropriately.

## Is the service well-led?

The service was well- led. The staff team told us the acting manager was approachable and supportive. Staff were clear about their roles and responsibilities and duties were shared amongst the staff team.

There were effective systems in place to monitor and improve the quality of the service provided. Various checks were carried out on different aspects of the service to make sure it was safe and provided quality care for people.

**Good**



# 186-188 Lowdell Close

## 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 15 and 16 December 2014 and was unannounced. Before the inspection, the provider completed a Provider Information Return (PIR) which we viewed. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

There were three people using the service at the time of the inspection as one person was in hospital.

The inspection was carried out by a single inspector. We used different methods to obtain information about the

service. This included talking with people using the service and their relatives and meeting with staff. As some people were not able to contribute their views to this inspection, we carried out a Short Observational Framework Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experiences of people who could not talk with us.

We spoke with one person who used the service, the acting manager, a senior support worker, one support worker, one bank worker, (bank staff were people employed by the provider who worked as and when required), a staff member from Human Resources and two relatives. We contacted the local authority contracts and monitoring team and saw their latest report which was from January 2014. A social worker also gave their views on the service.

We also looked at various records which included, two people's care records, four staff recruitment records, staff duty rosters over a two week period in December 2014, training records for the staff team and the provider's most recent November 2014 monitoring report.

# Is the service safe?

## Our findings

We were not able to ask people if they felt safe living in the service. However, one relative said their family member would be able to, “tell me if they were unhappy or if something was wrong”. The provider had policies and procedures in place for safeguarding people from abuse and these were available for staff to view. The training records confirmed that staff had received training on safeguarding adults from abuse. Staff said they would report any concerns to the acting manager and they were also aware of the processes to follow and documents to complete, such as completing body maps if a person had a bruise or unexplained injury.

Staff were aware of the whistle blowing policy and knew how to report concerns to external agencies such as the local authority or Care Quality Commission (CQC). Information on whistle blowing was seen in the office so staff had the contact details for reporting concerns.

Information about reporting injuries and accidents was available in the office so that staff could take appropriate action when they needed to. There was an out of hours telephone number for staff to use and there were other local care services run by the provider which meant staff could access advice and support at all times.

Risk assessments showed that any presenting risks to the person and/or towards others were noted along with action staff would need to take to minimise these. Risks identified different areas relating to a person’s life, such as moving and handling, keeping bedrooms free from obstacles and providing personal care such as cutting nails. These were reviewed each month or sooner if people’s needs changed. The acting manager also reviewed the risk assessments to make sure that risks were managed.

We viewed information which showed that regular health and safety checks were carried out to make sure people were safe. Equipment such as gas appliances, portable electrical appliances and the fire alarm had been checked and maintained at the required intervals, to minimise any risk to people using the service and staff.

Relatives said there were sufficient numbers of staff and we saw staff interacting with people and responding to their needs throughout the inspection. We viewed staff rosters

for December 2014 and saw that staffing levels showed that there were at least two members of staff working on each shift. The acting manager confirmed additional staff worked on duty for a minimum of two days in the week when there were community based activities or if people needed to attend appointments. All the people using the service accessed the community in a wheelchair and needed staff to escort them. This required the service to be flexible in how shifts were covered to make sure people had the opportunity to go out.

We saw the staff profiles the provider gave to the acting manager to show that recruitment checks had been carried out. This was used to record both permanent and bank staff details such as confirmation of criminal record checks and references. We spoke with the member of staff who was in charge of obtaining the recruitment information, which was all held centrally at the provider’s head office. They confirmed they carried out detailed checks to make sure people were supported by appropriate staff which included exploring any gaps in employment and ensuring staff had the right to work in the U.K. Staff told us they did not start working at the service until all the employment checks had been carried out and verified.

There were good arrangements in place for the management of people’s medicines. Staff told us they had observed medicines being administered and completed medicines training before they undertook this task. The training records confirmed this and we saw that yearly medicine competency assessments took place for all staff, including bank and agency members of staff. The assessment took place to ascertain staff knowledge of the medicines people were prescribed; this included an observation of the staff member administering medicines.

The acting manager confirmed no-one was covertly given their medicines or were self-administering their medicines. Medicine Administration Records (MAR) sheets were appropriately signed when medicines were administered. We saw the MAR sheets for December 2014 which detailed the quantity of medicines delivered to the service to provide a clear audit trail. Medicine audits took place daily and weekly to make sure the stock was correct and that people safely received their prescribed medicines. We checked one person’s medicines and found the amount to be correct at the time of the inspection.

# Is the service effective?

## Our findings

People were not supported in a service that was adequately maintained. The carpet was stained in several places. It did not smell and was not a trip hazard but one person liked to move around the service on the floor and the acting manager told us they were concerned that the carpet was not fit for purpose and did not look homely. In addition, door frames were scuffed and chipped in places from wear and tear from the use of wheelchairs. We saw that the provider and acting manager had made requests throughout 2014 to the landlord, who owned the building, for the carpets to be changed and areas to be decorated. Records showed that the provider had made several attempts to obtain a timescale for the works to be completed. However, so far there were no dates for this to be addressed or any other plans put in place for improvement and therefore parts of the environment continued to look unsightly for the people living in the service.

The above evidence demonstrates that there was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

All staff, including the bank member of staff, said regular training took place. The sample of training certificates viewed and the training record showed staff had completed training on subjects including, infection control, health and safety and dementia. Staff received a comprehensive induction which a new member of staff confirmed they had gone through and said they had spent time shadowing experienced staff. Staff told us the induction documentation they worked through with the support of the manager and senior staff supported them to feel confident and competent to meet people's individual needs.

A staff member told us there was "good teamwork", and another confirmed they received one to one supervision and attended team meetings. We saw evidence of team meetings which took place for both day and night staff. We also saw that supervision sessions and annual appraisals took place in order to fully support staff in their roles.

CQC is required by law to monitor the operation of the Deprivation of Liberty safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005 (MCA). They aim to make sure that people are looked after in a way that does not

inappropriately restrict their freedom. The acting manager was aware of her responsibilities and we saw evidence that she had been in consultation with the local authority. Best interest meetings had been held with people and their relatives in November 2014 to assess people's capacity to make decisions and decide if restrictions on people's liberty were required to keep them safe. One relative confirmed they had attended this meeting which had looked at their family member's ability to make decisions about the care they received. A social care professional told us that people's participation at these meetings was encouraged and sought.

We saw information on the (MCA) in the service and training records showed that staff had completed training on this subject. One staff member told us that staff, "could not implement things without following due process" and that they must consider people's "rights". The care records viewed recorded the daily decisions people could make about their lives, such as choosing what to wear and what activities they took part in. We observed staff considered people to make decisions throughout the inspection. They supported people to decide if they wanted a personal care task carried out such as their nails being trimmed and supported people to choose what food they ate.

People's likes, dislikes and preferences with regard to food and drink had been recorded in their care plan. Staff recorded the meals and drinks people had so they could check that people were receiving sufficient food and fluids. Staff described the types of food people liked and knew if person required special diets. They also explained that they encouraged people to eat healthily and offered a range of fresh food for people. We observed that people were supported, where possible, to eat independently and equipment, such as plate guards was used so that people could eat their meals without the support from staff. People were weighed monthly so that staff could monitor any changes which may indicate poor health.

People's care records included patient passports which would be given to a medical professional if they had to attend hospital. This document recorded the person's needs, for example their health, communication and social needs to help medical staff care for them appropriately. Staff reviewed these documents annually.

## Is the service effective?

Health appointments were recorded along with the outcome of these visits, for example if a person saw their GP then this was noted so that staff could support people if they needed treatment or required extra support.



# Is the service caring?

## Our findings

One person using the service could tell us their experiences about the service. They said the staff were “nice” and that they liked them. They also said staff helped them choose what they wore each day. Staff confirmed that they all worked to help people make choices about their daily lives which included; where people spent their time so that they did not spend all day in one room.

Relatives were positive about the staff and said they were “caring”. Staff engaged positively with people throughout the inspection and they showed us they understood how people communicated their needs from using their body language and expressions. Staff described how some people pointed at what they wanted or made sounds which we observed staff respond to during the inspection. It was also clear from people’s care records that staff had assessed, considered and recorded how people wanted to be supported, for example whether they wanted male or female support with personal care tasks. A social care professional confirmed that staff understood people’s individual needs.

Staff checked on people to make sure they were comfortable and they explained to us that some people needed to be moved to alternative chairs during the day to make sure they did not develop any complications caused by not changing their position for long periods. Staff respected people’s right to privacy and dignity and we

heard staff knocking on people’s bedroom doors before entering. We observed staff checking on people to ensure they were alright and personal care was carried out discreetly.

Staff supported people with their meals in a caring way as they sat with people and actively talked with them. They were aware of those people who needed assistance to eat and when they could encourage a person to eat independently.

People and their relatives attended annual review meetings. This gave them the chance to be involved in the care people received. One relative said their family member could talk about their likes and dislikes and that they were confident they would speak up if there were any issues. Another relative told us their family member would “verbalise any concerns”. People’s communication needs were clearly documented in their care records so that staff knew how best to support the person. Staff had demonstrated throughout the inspection that they understood people’s preferences, by listening to people and watching their response, if people could not talk directly to staff, staff observed the sounds or gestures people made. The acting manager had identified that some people would benefit from the independent support from community advocates. She told us that following on from the November best interests meetings the local authority would be identifying advocates to speak on people’s behalf. We were not able to verify that this was in the process of being arranged.

# Is the service responsive?

## Our findings

A relative told us, “I have seen my family member’s care records” and said they were kept informed if there were any issues or changes in their needs. The service had not had any new admissions for several years. Care plans and detailed guidelines were in place. These provided staff with information about people’s individual needs, including personal care and communication needs. Many of the details were in pictorial form and summarised so that staff could quickly read about a person’s character, the people who were important to them and their personal preferences. Small details which were important to the person were recorded, such as, if they liked a lie in in the mornings or a drink whilst their bath was being run. We observed staff meeting these preferences during the inspection. The daily records were in a pictorial format and directed staff to record the choices people had made that day and to prompt staff to consider in more depth what the person had done and the decisions they had made. Staff regularly checked the care records and we saw they had been recently reviewed in November and December 2014. Relatives confirmed they had attended review meetings where they could contribute their views about the care their family member received.

We saw that monthly meetings were held for the people living in the service and the last one held was in December 2014. This gave people the chance to hear news about the service and to share their views about the service and ask questions. Coffee social mornings took place every fortnight at the service. This was where people and staff from the provider’s other services could visit to socialise with the people using in the service. This was also open for relatives to attend and gave them the chance to meet the manager and discuss any matters or concerns. Satisfaction surveys were sent to relatives each year with the 2014 ones

yet to be returned and analysed. We saw the 2013 surveys and comments were positive from relatives and professionals and there were no recommendations made that needed addressing.

People engaged positively in activities arranged for them. One person said they liked listening to music which they did during the inspection. Relatives were keen for people to engage in activities. They said there had been changes to people’s routines as day centres were no longer available to people. People’s needs had been re-assessed and extra staff had worked in the service for a short while as people adjusted to not going to the day centre. The acting manager explained that staff arranged activities with people so that the changes had not had a negative impact on people.

An aromatherapist visited the service each week and provided relaxation and massages to those people who enjoyed this in-house activity. Some people accessed the local swimming pool and evening social clubs. The service had access to a vehicle to take a small group of people out. Staff told us that people had the chance to go out for day trips and had holidays, which relatives confirmed had taken place.

The acting manager explained that people sometimes became stressed at times of the day when staff changed. To address this issue and reduce people’s anxiety we saw there were photographs of staff who were working each day to inform and reassure people. We saw staff showing people the photographs of who was working on the day of the inspection.

Relatives confirmed that they or their family member, if they were able to, would raise a concern to the acting manager if they needed to. The service had a complaints procedure in place and this was available in a picture format to make it more accessible to people using the service. Where a complaint had been received, we saw this had been investigated and responded to in accordance with the complaints procedure.

# Is the service well-led?

## Our findings

One relative said the acting manager was “excellent”. A social worker told us the service was “welcoming” and had a “nice feel”. Staff were positive about working in the service. They were clear about their roles and responsibilities and said their aim was to safely support the people using the service and to give them choices every day. Staff told us the acting manager was “approachable” and said the culture in the service was “open”. One staff member told us “I can contribute my views (to the acting manager)” said and they felt they would be listened to.

The acting manager worked some shifts alongside the staff team. This was so that she could see how the service was run day to day and assess how staff supported people and checked to ensure people’s needs were being met. The acting manager received support from meeting with other managers approximately once a month to look at best practice and discuss any issues. The last meeting held was November 2014.

The acting manager had worked in the service for over a year and knew the staff and people’s needs well. She was in the process of registering as the manager of the service and told us she would be starting a management course in 2015 to build on her knowledge and skills.

The acting manager had systems in place to help ensure that people received a good quality service. This included checking that staff were suitably trained and supported at staff meetings, supervision sessions and by monitoring training staff had completed.

We saw that health and safety audits were carried out; the last one had been in October 2014. In August 2014 the acting manager had checked that fire drills had taken place and that each person had a fire evacuation plan in place. The acting manager and senior staff member checked people’s care records each month to ensure they were accurate and informative. The acting manager also monitored incidents to look for patterns and trends. She had recorded if there was action to take on the incident form so staff knew if they needed to support the person in a different way. Other checks took place, such as checking people’s personal money to make sure there were no errors and to protect people from financial abuse.

The provider carried out monitoring visits to check that people were being appropriately cared for. The last report showed a visit took place in November 2014. These visits offered the acting manager the chance to reflect on the aims of the service and consider where improvements needed to be made. There were no recommendations made for the acting manager to address at the last monitoring visit.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises
Treatment of disease, disorder or injury	<b>People who use services and others were not protected against the risks associated with unsuitable premises because of inadequate maintenance.</b>  Regulation 15 (1) (c).