

## Life Opportunities Trust

# 186-188 Lowdell Close

### Inspection report

186-188 Lowdell Close  
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### Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	<b>Inspected but not rated</b>
Is the service effective?	<b>Inspected but not rated</b>
Is the service responsive?	<b>Inspected but not rated</b>
Is the service well-led?	<b>Inspected but not rated</b>

# Summary of findings

## Overall summary

### About the service

186-188 Lowdell Close is a care home providing personal care for up to four adults with learning and physical disabilities. Four people were using the service at the time of the inspection.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support (RRS) and other best practice guidance in relation to environmental considerations.

### People's experience of using this service and what we found

While the service was meeting the principle of RRS in relation to the environment, the outcomes for people did not fully reflect the other principles and values of Registering the Right Support for the following reason. The service had been working to develop positive behaviour support plans for people, but improvements were required for this to be in line with good practice guidance.

The provider had ensured more staff were now always on shift to meet people's needs. However, some staff still had not completed communication awareness training to ensure all staff were competent and skilled to meet people's needs effectively.

There had been some improvements to managing people's medicines, but some assessments of staff competency to provide medicines support were not up to date.

The provider's systems for identifying, assessing and mitigating risks to people's well-being had improved and addressed some of the issues we found at our last inspection such as deploying sufficient numbers of staff and responding to incidents and accidents. However, some improvements were still required.

A relative of a person using the service told us, "It has improved. Hopefully it stays like it."

People using the service and staff experienced a challenging time as a result of the COVID-19 pandemic. Staff had supported people to shield based on health professionals' advice and this meant some people had not been able to access their community as they would have usually liked. The provider had improved support to people to take part in activities that may be meaningful to them.

There were appropriate procedures for infection prevention and control.

### Rating at last inspection

The last rating for this service was requires improvement (published 14 January 2020).

### Why we inspected

We undertook this targeted inspection to check whether the provider had met the requirements of Warning

Notices in relation to regulations 9 (Person centred care), 17 (Good governance) and 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. It was also carried out to check if the provider had met regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities), which they were also breaching at our last inspection in October 2019. The overall rating for the service has not changed following this targeted inspection and remains requires improvement.

CQC have introduced targeted inspections to follow up on a Warning Notice or other specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

During the targeted inspection we also looked at the infection control and prevention measures the provider has in place. As part of CQC's response to the coronavirus pandemic we are conducting a thematic review of infection control and prevention measures in care homes.

Please see the safe, effective, responsive and well-led sections of this full report. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 186-188 Lowdell Close on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. At the last inspection we served Warning Notices for breaches of regulations 9, 17 and 18. During this inspection we found that while there have been some improvements the provider had not fully met the requirements of the Warning Notices. We will ask the provider for a new, updated action plan to confirm by when they will meet these requirements in full.

### Follow up

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

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

We always ask the following five questions of services.

### **Is the service safe?**

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question where we had specific concerns.

**Inspected but not rated**

### **Is the service effective?**

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question where we had specific concerns.

**Inspected but not rated**

### **Is the service responsive?**

At our last inspection we rated this key question inadequate. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question where we had specific concerns.

We will assess all of the key question at the next comprehensive inspection of the service.

**Inspected but not rated**

### **Is the service well-led?**

At our last inspection we rated this key question inadequate. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question where we had specific concerns.

We will assess all of the key question at the next comprehensive inspection of the service.

**Inspected but not rated**

# 186-188 Lowdell Close

## Detailed findings

### Background to this inspection

#### The inspection

This was a targeted inspection to check whether the provider had met the requirements of the Warning Notices we previously served in relation to Regulations 9 (Person-centred care), 17 (Good governance) and 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. It was also carried out to check if the provider had met regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities), which they were also breaching at our last inspection. The overall rating for the service has not changed following this targeted inspection and remains requires improvement.

#### Inspection team

This inspection was undertaken by one inspector on 12 August 2020.

#### Service and service type

186-188 Lowdell Close is a 'care home'. People in care homes receive accommodation and nursing or 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.

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

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. This included the action plan the provider sent to us following the last inspection saying what they would do and by when to improve. We sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We had also requested information from the provider prior to the inspection. We used all of this information to plan our inspection.

#### During the inspection

We spoke with the registered manager and the provider's director. 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 looked at the care plans for two people, medicines support records and a variety of records relating to the management of the service.

#### After the inspection

We spoke with two relatives, one member of staff and one adult social care professional who has worked with the service. We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about. We will assess all of the key question at the next comprehensive inspection of the service.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served. It was also carried out to check if the provider had met regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities), which they were also breaching at our last inspection in October 2019. We will assess all of the key question at the next comprehensive inspection of the service.

### Using medicines safely

At our last inspection the provider had not always managed medicines safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of regulation 12 in relation to the safe management of medicines, but some minor improvements were still necessary.

- Improvements had been made to ensure people received their medicines consistently and safely, however further improvements were still required.
- The registered manager had not recorded up to date assessments of all staff to ensure they remained competent to give the medicines support being asked of them. This was not in line with National Institute for Health and Care Excellence (NICE) guidance for managing medicines in care homes. However, although competency assessments were not up to date, staff had completed medicines administration training.
- At the last inspection we found one person was prescribed a 'rescue' medicine to treat seizures but there was no written protocol in place for staff on how and when to administer this safely. At this inspection we found this protocol was now in place and up to date. Records showed staff who had administered this had been trained to do so appropriately.
- At the last inspection we found staff supported a person to take their medicines with some food. However, there were no recorded directions from a healthcare professional on whether it was safe to mix the medicines with food, as this can affect the properties of some medicines. At this inspection we found this was in place and up to date.
- Medicines administration records (MARs) set out the necessary information for the safe administration of people's medicines, including the application of people's prescribed creams or ointments. Staff had appropriately completed the MARs we viewed.
- The registered manager regularly checked the medicines support records and medicines storage practices and took action to address the issues they identified.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong  
At our last inspection people were at risk of harm as known risks to their safety or incidents that affected people's welfare were not always managed effectively. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12 in relation to managing risks of harm to people.

- The provider assessed and managed risks to people's safety so they were supported to stay safe.
- People had risk management plans in place to reduce risks to their safety and well-being. These were up to date and reflected current risks to people, such as COVID-19, accessing the garden and mobility support.
- The provider had improved the systems for recording and responding to incidents and accidents and records showed these were now being used more consistently.
- Records of incidents appeared up to date and noted how a matter had been responded to appropriately. The registered manager conducted a quarterly review of incidents and the lessons learned from these. This meant the lessons learned could be implemented to improve service delivery. The provider had developed a new flowchart for staff and managers to indicate how they could escalate reports of incidents or concerns within the organisation.

#### Staffing and recruitment

At our last inspection we found the provider had continued to fail to deploy enough staff to meet people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this part of regulation 18.

- The provider deployed sufficient numbers of staff to meet people's needs safely.
- Since our last inspection the provider had increased staffing levels from two to three support staff working on morning-to-afternoon and afternoon-to-evening shifts each day of the week. This meant there were more staff available to enable people to go out when it was safe for them to do so or to spend meaningful time with people at home.
- Records of the shifts staff worked from earlier in the year and for the two weeks prior to our visit indicated these staffing numbers had been maintained consistently. A support worker confirmed this level of staffing had been sustained. Relatives of people who use the service and an adult social care professional told us they had noticed there were more staff on shift.
- At the last inspection we found the provider sourced temporary staff from an employment agency for a number of staff vacancies. This continued to be the case and rotas showed the provider engaged the same agency staff to work regularly and only at this service. This ensured people were supported by staff who they were familiar with and who knew how to meet their care needs. The relatives of people who use the service told us, "There seem to be more regular staff" and "[There's] not new people turning up every other shift."
- We did not look at staff recruitment on this targeted inspection. However, on previous inspections we had not identified concerns in this area.

#### Preventing and controlling infection

- There were arrangements in place for preventing and controlling infection.
- Staff were provided with suitable personal protective equipment to keep themselves and people safe. This



included gloves, aprons, face masks and hand sanitisers. We saw staff wearing this equipment appropriately.

- Staff completed daily and weekly cleaning schedules to keep the environment clean. The registered manager carried out regular audits of infection prevention and control practice to monitor staff conduct, the completion of the schedules and the cleanliness of the home. The home was clean during the inspection.

# 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.

At the last inspection this key question was rated as requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about. The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served. We will assess all of the key question at the next comprehensive inspection of the service.

Delivering care in line with standards, guidance and the law

At our last inspection the provider had not developed effective behavioural support plans in line with good practice around supporting people with a behaviour that could challenge the service. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found some improvements had been made, but the provider was still in breach of regulation 9. This meant the provider had partially met the requirements of the Warning Notice we had served regarding this breach.

- The service did not always provide people with positive behaviour support in line with good practice guidance.
- The service supported some people who had a tendency to behave in ways others may find challenging. At the last inspection we found there were risk management plans and guidelines for staff to follow regarding how a person may act when distressed or in a way that may upset others at these times. However, these guidelines did not set out proactive strategies to help the person to reduce the likelihood of situations escalating and to minimise risks to the person and others. At this inspection we found this was still the case and guidelines were not fully reflective of good practice guidance on supporting people whose behaviour may challenge others.
- Training records indicated some staff had completed some online training on supporting people whose behaviour may challenge, but some staff still needed to complete this.

We found no evidence that people had been harmed however, this evidence indicated the provider had not developed effective behavioural support plans in line with good practice around supporting people with a behaviour that could challenge the service. This placed people at risk of not always receiving care that met their needs. This was a continued breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We discussed these issues with the director of care and registered manager so they could continue to develop and improve positive behaviour support for people.
- The service was working in partnership with the local commissioning authority's positive

behaviour support team to improve practice. An adult social care professional said the registered manager was working constructively with this team to develop a new positive behaviour support plan to be introduced after our inspection visit.

- A person's risk management plans continued to require staff to record observations regarding their behaviour, to identify learning about how to improve support to the person. We saw practice in this recording had improved and staff documented these observations regularly. An adult social care professional told us this recording had been helping in developing the new behaviour support plan for the person. This meant the provider had improved how a person's behaviour was monitored and supported.

#### Staff support: induction, training, skills and experience

At our last inspection we identified people did not always receive personalised support to meet their needs due, in part, to a lack of understanding and knowledge from the staff. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found some improvements had been made, but the provider was still in breach of regulation 18. This meant the provider had partially met the requirements of the Warning Notice we had served regarding this breach.

- At the last inspection we found the provider could not demonstrate that staff had benefited from training on how to communicate effectively with people using the service who had communication needs. At this inspection we found four support staff had completed some online communication training, but three staff had still not completed this.

We found no evidence that people had been harmed however, the provider could still not demonstrate staff were sufficiently competent and skilled to meet people's needs effectively. This placed people at risk of not always receiving care to meet their needs. This was a continued breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The staff training matrix indicated the registered manager had arranged 'intensive interaction' training sessions for staff earlier in the year but had to postpone these due to the COVID-19 pandemic. 'Intensive interaction' is a communication approach aimed at developing meaningful interaction between adults with communication needs and the people in their environment.
- At the last inspection we found staff had not always benefited from regular supervision sessions with a line-manager to discuss their performance and development. At this inspection we found the registered manager conducted supervisions with the staff regularly. This included agency staff who routinely worked at the home. A support worker also told us they had regular supervisions with registered manager and felt supported.
- We did not look at staff induction on this targeted inspection. However, on previous inspections we had not identified concerns in this area.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about. The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served. We will assess all of the key question at the next comprehensive inspection of the service.

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

At our last inspection we noted the service had not complied with the AIS and this contributed to a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvements had been made and the provider was no longer in breach of regulation 9, although improvements were still required.

- At the last inspection we found people's communication needs were identified and recorded in their care and risk management plans, but staff did not consistently meet these needs in practice. A person's care plan identified they used Makaton to communicate, but we did not observe any staff using this to promote communication with the person. Makaton is a language programme using signs and symbols to help people to communicate. It is designed to support spoken language and the signs and symbols are used with speech, in spoken word order.
- At this inspection we did not directly observe staff using Makaton while communicating with the person during a mealtime. However, we observed support staff interacting positively with the person who responded with singing and laughter.
- Records indicated staff had not completed any training on using Makaton. The registered manager told us they had recently booked staff on Makaton training. Staff confirmed this to us.
- There were clear posters in some areas of the home of signs for staff to try to use with the person. The registered manager had also subscribed to the Makaton 'sign of the week' resource. They provided information and demonstration videos to staff of a new sign to introduce to the person each week to promote meaningful communication with them. We saw signing posters for this. Staff we spoke with verified this resource had been accessed and they described using this with the person. There was also information for staff on how people communicate without using words.
- The person's care plan indicated staff could use pictures to support communication with the person. An adult social care professional told us they had been working with the service to re-introduce using these

with this person as well.

Support to follow interests and to take part in activities that are socially and culturally relevant to them  
At our last inspection the provider had not ensured people's care and treatment was appropriate, met their needs and reflected their preferences. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- At the last inspection we found people were not supported to engage in meaningful activities, opportunities to learn or develop their skills or interests or to meet their sensory needs. At this inspection we found this had improved and staff provided people with more opportunities for meaningful engagement.
- The registered manager had developed weekly timetables for each person to be supported with and these included community trips. They had adapted these to home-based activities while the staff supported people to shield safely during the COVID-19 pandemic. Records of daily care indicated the activities people were offered each day and what they chose to engage in. These included gardening, painting, baking, music and ball games. Relatives of people who use the service told us people now benefited from more activities during the day. A support worker told us, "Trying to get service users to do activities has definitely improved." They stated staff were more able to support people with activities as more staff were rostered on for each shift.
- The registered manager had developed a weekly newsletter for people's relatives and photo albums to document and share some of the activities staff had supported people to engage in.
- The registered manager had sourced several college courses for one person based on their known likes and preferences. They were liaising with the college about when the person could start attending in line with guidance on keeping safe during the pandemic.
- The provider had created a new sensory room for people to use. A relative said this was an improvement and commented, "[That] has been planned for years and is up and running now." Daily care records indicated staff supported people to use it. A support worker told us people enjoyed this although it needed more sensory equipment and the registered manager was sourcing this.
- One person was known to be particularly fascinated by a wall-mounted household appliance, which it was not safe for them to handle. As an art exercise staff had recently crafted a copy of this appliance that could hang on a wall or the person could play with. This was an object staff could use to encourage meaningful interaction with the person which was based on their known likes.
- We observed staff interacted with people in a kindly and meaningful manner which people appeared to respond to positively.

# 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.

At the last inspection this key question was rated as inadequate. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served. We will assess all of the key question at the next comprehensive inspection of the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

At our last inspection the provider had not ensured systems and processes were operated effectively to assess, monitor and improve the quality and safety of the service, or assess, monitor and mitigate risks to the safety and wellbeing of service users. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found some improvements had been made, but the provider was still in breach of regulation 17. This meant the provider had partially met the requirements of the Warning Notice we had served regarding this breach.

- The provider's quality monitoring systems had not addressed requirements to ensure that there were positive behaviour support plans in place for people who needed these, that assessments of staff competency to provide medicines support were up to date, and that staff completed communication awareness training.

Quality assurance systems had improved and addressed some of the issues we found at our last inspection, but some improvements were still required. While we found no evidence that people had been harmed, this indicated the systems had not yet been embedded and sustained enough to demonstrate safety and quality was effectively managed and improved. This placed people at risk of harm and not always receiving care to meet their needs. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had addressed other necessary improvements since our last inspection as noted in this report. These included consistently deploying more staff to meet people's needs, regular staff supervisions, support for to engage in more activities that were meaningful to them, and maintaining contemporaneous records of a person's behaviours that may challenge others.
- Relatives told us the service had improved since our last inspection and one remarked "Definite improvements." A member of staff told us they felt the service had improved. They commented, "There is more staff cohesion, more teamwork since [the registered manager] came."
- The registered manager had implemented a new system of regularly observing and monitoring staff

practices to ensure they supported people safely and appropriately. Records of this monitoring indicated the registered manager took action in response to their findings.