

Life Opportunities Trust

186-188 Lowdell Close

Inspection report

186-188 Lowdell Close

Yiewsley

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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

Lowdell Close is a residential care home for four people with a range of needs including learning and physical disabilities. There are two floors with one bedroom on the ground floor.

At the last inspection in 2014, the service was rated Good.

At this inspection we found the service remained Good. The service met all relevant fundamental standards.

The service is rated Good as it continues to provide safe person centred care and support to the people using the service. There were sufficient numbers of staff working to meet people's needs.

People had a range of needs and communicated in different ways to the staff team.

There were systems in place to ensure people safely received their medicines.

Staff are supported with regular training and support.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the systems in the service supported this practice.

We received limited verbal feedback from people using the service and so we carried out observations to see how they were being supported and cared for. We observed positive interactions between the staff and the people using the service.

People's welfare was checked throughout the visit and staff ensured people were happy and comfortable.

People had the opportunity to engage in activities and see their family when they wanted to.

People's care records continued to be informative and guide staff on how to care and support people appropriately. People's health and nutritional needs were assessed to ensure they maintained good health.

The staff team understood people's individual needs and how they communicated and their personal preferences.

Some people were able to make a complaint if they were unhappy and they also had the support of their family members who could also represent their views.

The registered manager had worked in the service for several years and also regularly worked directly with staff on shift so that they could see how the service met people's needs.

Checks on the building and how people were supported continued to be in place to ensure the quality of the service was monitored and improvements made where necessary.

Further information is in the detailed findings below.

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 remains Good.

People received support in a safe way.

Systems were in place to make sure people were supported by enough appropriately recruited staff.

People safely received their medicines.

Is the service effective?

Good ●

The service remains Good.

Staff had the training and support they needed to do their jobs.

The service was meeting the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People's nutritional and health needs were identified and were being met.

Is the service caring?

Good ●

The service remains Good.

We observed positive interactions between staff and people using the service.

Feedback from a relative regarding the staff team was complimentary.

Staff were knowledgeable about people's needs, interests and preferences.

Is the service responsive?

Good ●

The service remains Good.

People's care and support was based around their individual needs.

The staff team listened to people's concerns and complaints. People's relatives were also involved so that they could represent people's views.

Is the service well-led?

Good ●

The service remains Good.

The management and governance of the service ensured the delivery of person-centred care for people to meet their goals and aspirations.

The staff team sought the views of people using the service and their relatives and acted on these.

Systems were in place to monitor the quality of the service.

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 checked 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 was a comprehensive inspection. This inspection took place on 29 and 30 December 2016 and was announced. The provider was given one day's notice because the service was a small care home and we wanted to be sure that someone would be available.

Before the inspection we reviewed the information we held about the service. This included the last inspection report, statutory notifications about incidents and events affecting people using the service and a Provider Information Return (PIR) the registered manager completed and sent to us. The PIR 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.

During the inspection we carried out general observations and used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who were not able to speak with us.

Also at the inspection we spoke with two people using the service, the registered manager and a support worker. We reviewed the care records for two people using the service, including their support plans and risk assessments and one person's medicines management records. We also reviewed two staff recruitment files and records related to the running of the service. These included maintenance records, checks and audits carried out to monitor quality in the service and make improvements.

Following the inspection we spoke with one relative of a person who uses the service. We also emailed two professionals for their views on the service but on this occasion we did not receive their feedback.

Is the service safe?

Our findings

People using the service were not able to tell us about whether they felt safe, however they appeared relaxed and had positive relationships with the staff who were caring for them. The relative we spoke with was happy with the support and care their family member received.

Safeguarding policies and procedures had been viewed at previous inspections and the registered manager was aware of the local authority's safeguarding policy and procedures. There had been no safeguarding concerns since the last comprehensive inspection in 2014. When we asked staff how they would respond if they felt a person using the service was being abused, their comments included, "I would report anything to my manager." They were aware of also reporting any concerns to external organisations, such as the local authority or the police. Training records showed that staff had completed training in supporting people safely and this was updated each year.

People's care records included assessments of possible risks, including moving and handling, using the bath and choking. The information gave clear guidance on how to mitigate any risks they identified. These were reviewed every month by the staff team to ensure they were up to date. We saw one risk assessment which when we queried this with the registered manager they confirmed this was out of date and would be removed from the person's file.

The staff and external organisations carried out regular checks to make sure the service was safe. This included checks on fire safety equipment and water temperatures. The registered manager confirmed that window restrictors would now be formally checked and recorded to ensure these worked effectively and protected people from harm.

There were sufficient numbers of staff working on a shift, often with the registered manager being available to assist people using the service as and when needed. The provider had a recruitment process in place and the head office held the majority of the staff employment records. The registered manager had a summary of the recruitment checks carried out to ensure people were supported by appropriate staff. Staff had to ensure they had provided evidence of their identity, employment history and a Disclosure and Barring Service (DBS) criminal record check carried out before they started working in the service.

Systems were in place to make sure people safely received their medicines as they were not able to self-administer their own medicines. It was clear from people's records how they received their medicines, for example one document recorded that a person took their medicines, 'on a teaspoon with a glass of water given to me by staff.' Clear information on the medicine, its side effects and what it was prescribed was available for the staff team to view. Staff had training on this subject and were assessed by the registered or deputy manager to ensure they were competent to carry out this task safely.

Is the service effective?

Our findings

As with previous inspections the feedback from a relative about the staff team was complimentary. One relative spoke positively about the staff. They told us, "they do their best."

As we found at previous inspections new staff received an induction to the service, which included shadowing experienced staff. Staff received training in a range of subjects on a regular basis. Subjects included first aid, epilepsy training and dementia. They were also encouraged to study for a nationally recognised qualification in care.

Staff received on daily support and through more formal meetings such as one to one supervision and they received an annual appraisal to support them and to look at their

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). We found the registered manager had sent applications to the relevant local authority responsible for authorising a deprivation of a person's liberty in order to keep them safe. This was then documented on people's individual files. The care records recorded where people could consent to their care and support and where possible they were involved in reviews of their care. Staff received training on this subject and were aware of the impact of this legislation on their day to day work. One staff member told us it was about "not assuming a person does not have capacity to make a decision about their lives."

People's health needs were documented. This included a patient passport which held a summary of their needs if they were admitted into hospital. This ensured professionals supporting them in the hospital had guidance on how to safely support the person. We saw people saw health professionals as and when required. Staff recorded people's weight regularly and took action to refer for specialist assessment and advice, if necessary. The registered manager described how they had been working with professionals to help people's lives improve. For example one person would benefit from having a power pack fitted to their wheelchair to make it easier to use when in the community. This had been agreed to be provided along with a new electric wheelchair for use within the service.

Staff prepared meals for people using the service. We saw there was a menu which we were told included people's favourite dishes. The menu aimed to encourage people to eat fresh healthy produce. Staff recorded what people ate. This enabled them to monitor if people had any problems with the meals or showed changes to their usual eating habits. We observed people eating where they wanted to and were encouraged to eat when they initially stated they did not want lunch. People had equipment such as a lipped plate so that they could eat independently.

Is the service caring?

Our findings

One person using the service told us, "I like living here, staff are nice." A relative said, "Staff are attentive and talk with the service users all the time." They also said their family member was always "well turned out and looked smart" when they visited. In the satisfaction surveys that we saw for the service overall relative's comments were complimentary. Comments included, "Standard of care is excellent" and "staff are caring." A professional had stated that the "Staff were friendly and helpful."

A staff member confirmed that the "staff team were caring." Staff were cheerful and positive in their social interactions with the people using the service and had a caring attitude towards the support they provided.

During this and previous inspections, we saw staff treated people with kindness and patience. They gave people the support they needed promptly and efficiently and people did not have to wait for staff to help them.

The staff knew people's care and support needs well. They were able to tell us about significant people in each person's life, their individual daily routines and preferences. One person liked to draw and we saw a staff member drawing with the person and making them laugh at their pictures.

There was person centred information in people's care records that highlighted people's routines and personal preferences. This enabled staff, in particular new staff, become familiar with how to support people in a way they wanted. For example, in one person's care record it stated that they "liked to feel the texture of clothes." Staff had also told us this information.

People were supported in a dignified and respectful way. All personal care was carried out in private and staff encouraged people to be comfortable. We saw staff checking people were ok in a discreet way and made sure that they did not require any assistance with personal care.

During the inspection, staff offered people choices about aspects of their daily lives. We saw people made choices about what to eat and where they spent their time. Staff made sure people understood what they were being offered and gave them time to make a decision. If people chose not to accept the support they were offered, we saw staff respected this choice and offered the support later.

Staff recorded people's needs in respect of their gender, in their support plans. For example, people's care records included details if the person had a gender care preference for when they required help with their personal care.

Is the service responsive?

Our findings

People's care records provided detailed information for staff to ensure they were supported in their preferred way. For example one person's records stated that they liked porridge for breakfast which we saw staff offering them a choice of breakfast and the person confirmed they wanted porridge.

People's records gave staff clear guidance about how to meet people's identified needs. People's support plans covered all of their social and health care needs and staff reviewed the information monthly. A relative confirmed they attended review meetings so they could hear about the person's progress and contribute their views on the support and care being provided.

The registered manager informed us that in 2017 they would be introducing keyworker meetings to look at record keeping and how keyworkers supported the people they were assigned to support.

People's care records also included information on how they spent their time during the day. The records showed staff supported people to take part in activities in the service and the local community and outings that staff knew each person enjoyed. People enjoyed a range of activities, such as listening to music, going out for a drive and holidays. Staff confirmed people went on holidays either alone with staff or in small groups, whichever they preferred.

The provider produced a clear complaints policy in a format that was suitable for people using the service. The complaints records showed the registered manager recorded complaints, including informal minor complaints, the action they took in response and the outcome.

Relatives had the chance to meet each other and to hear news about the service through the meetings held throughout the year. In a satisfaction survey we viewed a relative had commented, "the parent/carer meetings are welcomed as they keep us informed."

Satisfaction surveys were given to people using the service, relatives and professionals so that the provider and registered manager could gain feedback on areas that were good and if there were any issues that needed addressing.

Meetings for people using the service were also held each month to share updates on the service and to encourage people to give their views on the service.

Is the service well-led?

Our findings

We found consistent feedback with the running of the service and the registered manager. This had previously been positive and remained so at this inspection. A relative told us the staff team "do their best" and that they were "very satisfied" with the service. They also went on to say that the "management was good" and that they "did a lot" in the service.

Staff commented positively on the support they received from the management team. One staff member told us, "The deputy manager makes you feel comfortable" and the "Manager is supportive." They also confirmed that the teamwork and communication was "good."

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 registered manager had a sound knowledge of their roles and responsibilities in regard to managing the regulated activity they provided. They worked alongside the staff team to support them and to see how the service operated. They had a good understanding of how to manage the service and keep up to date with current good practice. They received updates from the Care Quality Commission and met with other managers working for the provider in order to gain support and share experiences.

We saw the staff team had considered and documented the achievements made in the service in 2015 and what they wanted to achieve for people using the service in 2016. The registered manager told us this would be reviewed to see where improvements had been made and areas that still needed to be addressed.

There was an open ethos in the service where staff and management worked together to strive towards improvement. There was a shift planner in place to ensure staff knew their duties for the time they worked in the service. We saw all staff worked well as a team and resulted in people receiving care and support which met their preferences and care needs.

As with the previous inspections we found there were audits and checks that took place and the registered manager developed action plans to address any issues they identified. Different areas of the service were monitored and these included, health and safety checks, checks on people's care records and another person who worked for the provider also visited the service to ensure people continued to receive a good service.