Ordinary Life Project Association(The)

Ordinary Life Project Association - 15 Mossmead

Inspection report

15 Mossmead
Chippenham
Wiltshire
SN14 0TN

Tel: 01249461587

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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

About the service:
15 Mossmead is a residential care home that is registered to provide personal care for up to four people with learning disabilities. At the time of the inspection there were three people living at the home.

People's experience of using this service:
People's medicines were managed safely. The home had been supported by a project linked to the local Clinical Commissioning Group to review their medicines management.

People were supported to attend social activities, such as activity centres and dance exercise classes. Staff knew people and their interests well. They spent time supporting people to maintain their hobbies in the home, as well as in the community.

People chose the colour of their bedrooms, as well as how their rooms were laid out. The bedrooms were personalised, with photographs and pictures that people wanted to have displayed.

The home was well maintained. It was clean and free from odours throughout.

There were plans to personalise the communal spaces, adding more sensory based furnishings based on people's needs and preferences.

People's care and support plans reflected their usual routines and choices. There were 'working support plans' in place which documented people's communication needs. This was so that agency staff and visitors could see at a glance how they could communicate with a person.

The principles of the Mental Capacity Act 2005 (MCA) were applied to the care planning, with consideration for consent and capacity throughout. There were mental capacity assessments in place for specific decisions, such as having the flu vaccination; to assess people's capacity to consent to these.

People were supported to be involved in choosing menu options. There were pictorial menu suggestions and people sat with staff once a week to set out the menu plan. There were variations of the main meal offered as an alternative. If people wanted something different, they could choose what they wanted on the day.

People's health care needs were met with timely referrals to health care professionals. People were supported to attend health appointments such as the dentist and opticians. People were supported to attend age and gender related health appointments.

Risk assessments were in place, to protect people from the likelihood of risks to their health or safety occurring.

The supervisor and registered manager spoke with enthusiasm about wanting to continue to develop the home to be even more person centred. The values of the management and staff team put people at the forefront of everything that happened in the home.

There were quality assurance processes in place. These were to audit the service and identify where there were any areas for improvement.

Rating at last inspection:
In the last inspect in October 2017, we rated the home as Requires Improvement.

Why we inspected:
This was a planned, comprehensive inspection, based on the rating at the last inspection.

Follow up:
We will monitor all intelligence received about the service, to inform when the next inspection should take place.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our Safe findings below,

Is the service effective?

Good

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our Well-led findings below.

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Detailed findings

Background to this inspection

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

Inspection team:
This inspection was carried out by one inspector.

Service and service type:
15 Mossmead is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 was an unannounced inspection.

What we did:
Before we inspected, we reviewed information that we had received and held about the service. This included statutory notifications sent to us about events and incidents that had occurred at the service. A notification is information about important events which the service is required to send us by law.

During the inspection we reviewed the care and support plans for two people. We also looked at the records

for three people, including daily notes, activities, and medicines. We reviewed information relating to the management of the home, including audits, policies, and meeting minutes. In addition, we spoke with the supervisor, the registered manager, and two people. After the inspection we contacted four health and social care professionals for their feedback.

Good

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Using medicines safely
• At the previous inspection we found that medicines were not always being managed safely. At this inspection improvements had been made.
• New processes had been implemented to improve the safety of medicines management. These included adding a prompt to the staff handover sheet that the staff member had to tick to confirm the medicine administration records (MAR) were up to date. Observations of medicines administration were also completed by the supervisor. If any training needs were identified, the staff member would be stopped from administering further medicines, until they had completed their medicines training refresher.
• Medicines were kept in temperature checked, secure storage. The storage systems were tidy and organised, ensuring a clear overview of medicines held.

Learning lessons when things go wrong
• The management meeting minutes, where managers from different homes had attended, evidenced that learning from incidents at different services was shared. This meant that all homes could learn from what had happened elsewhere, to reduce the likelihood of it occurring at their service.

Systems and processes to safeguard people from the risk of abuse
• Staff received safeguarding training.
• In staff meetings, there was evidence that staff discussed safeguarding scenarios and what action should be taken. This was to further embed the training into their care practice.

Assessing risk, safety monitoring and management
• Since the last inspection, there had only been one incident. This related to a medicines tablet being dropped. There had been no other accidents or incidents at the home.
• Where accidents and incidents had taken place prior to this, these had been recorded and reviewed by the registered manager.
• People had risk assessments in place for different areas of their care. For example, travelling by car, administering medicines, and personal care. There were steps in place for staff to follow, to prevent the risk from happening.
• There were missing person's profiles in place, in the event that a person was to go missing. These contained information about the person's physical appearance and a photograph, as well as their emergency contact details.

Staffing and recruitment
• The home was not fully staffed. There were vacancies for one full time and one part time staff member. These vacancies were being covered by relief and agency staff.

• The supervisor explained that where possible, they would try to ensure the same agency staff worked at the home.
• Where agency staff were required to cover a sleep-in shift, they received a one-hour handover from staff who knew people well. They were also supported by having access to on-call contacts, in the event of an emergency or requiring further assistance.
• Staff recruitment records were held at the central office and not at the home. The supervisor had a checklist showing that recruitment checks had been completed for staff, including obtaining reference Disclosure and Barring Service (DBS) clearance. The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people.

Preventing and controlling infection
• There was a cleaning schedule in place, to ensure all areas of the home were cleaned.
• The home was clean and free from odours throughout.

Good

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• People's needs and choices were reflected in their assessments and care plans.
• One person had been assessed as needing support from staff who had received positive behaviour management (PBM) training. The PBM training was scheduled, as well as follow up work with a behaviour specialist at the local authority. In the interim, there was involvement with the learning disability nurses to provide ongoing support.

Ensuring consent to care and treatment in line with law and guidance
• The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
• Mental capacity assessments had been completed for specific decisions relating to people's care, where there were doubts about their capacity to consent to these.
• People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards. We found that the service was working within the principles of the MCA. We also checked whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

Staff support: induction, training, skills and experience
• New staff received induction training and worked through an induction workbook.
• Staff received a range of mandatory training, including food hygiene, safeguarding, and fire safety.
• Staff also received training specific to the needs of people they supported, such as diabetes and epilepsy care.
• Staff training needs were monitored by the supervisor and training coordinator.

Supporting people to eat and drink enough to maintain a balanced diet
• People were involved in deciding the menu for the upcoming week. They planned this with staff, by discussing what they wanted to have and looking at pictorial choices.
• Where people had enjoyed a meal option one week, their feedback was recorded, so staff knew it was a popular choice and could suggest it at a different time.
• There was a main choice offered for the evening meal and an alternative. The supervisor explained that if a person decided on that day they wanted something different, they could choose what they would prefer.

• We observed people being offered choices for breakfast. One person had eggs on toast. Records showed that another person had toast, and another person had chosen cereal.
• There was information to enable staff to promote healthier choices and to understand carbohydrate intake for people with diabetes. This helped to prevent one person's blood sugars from rising too quickly.

Staff working with other agencies to provide consistent, effective, timely care
• Where there were changes in people's behaviours or wellbeing, referrals and appointments were made with the appropriate professionals and agencies.
• One person had been assessed as being at risk of choking, due to not chewing their food enough. Input had been received from the Speech and Language Therapist and the person was assessed. The outcomes of the assessment were included in the care plan, so that staff knew what foods presented a risk to the person.
• Another person had experienced a decline in their mental health. A referral was made to the psychiatrist to support the person. Following assessments, the psychiatrist was involved in helping the home to gain more funding for social activities. This had been identified as contributing to their mental wellbeing.

Adapting service, design, decoration to meet people's needs
• The home was well-maintained and there was a maintenance operative responsible for servicing the homes in the county.
• The supervisor explained that they could make maintenance requests to their central office and that the maintenance operative would then be scheduled to visit the home.
• There was a rolling programme for improvements throughout the home, such as re-decorating or working on the garden.
• The supervisor had plans to develop the craft space in the dining room, as this was where one person preferred to spend their time. They spoke about the plans to introduce a sensory, metallic board, where different magnets could be made, added. This would support the person's sensory needs, as well as their activities.
• One person gave us a tour of the home. They explained that they chose how their bedroom was laid out. We saw that people had chosen the colours of their bedrooms and their furniture.
• The supervisor explained, "[One person] has just had new carpet in their bedroom, she chose the colour. [A different person] has different shades of pink in her bedroom."

Supporting people to live healthier lives, access healthcare services and support
• There were physical activity sessions held in the home. These included aerobic circuits and basketball in the garden.
• People who wanted to, could attend a dance workout session in the community.
• The home had received support from a pharmacy team at the local Clinical Commissioning Group to review and reduce the medicines people took. This was part of an initiative to optimise people's medicines usage and avoid people being overmedicated. For one person, the pharmacy team were able to prescribe a sugar free solution, rather than a syrup. This was to help the person maintain healthier teeth by avoiding the sugar intake in their daily medicines.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity
• People were supported by staff who knew them well. We observed staff adapting their approach to each person, to ensure they communicated effectively.
• People had communication care plans in place, known as 'working support plans'. The supervisor explained that these helped agency staff and visitors to get to know people.
• The supervisor spoke with enthusiasm for the values the staff team had when supporting people. They said, "I want the home to be as much about the people who live here as possible. Everything is about them."
• We observed kind and patient interactions, from a caring staff team. There were friendly conversations taking place and each person received attention from the staff.

Supporting people to express their views and be involved in making decisions about their care
• There were household meetings, for people to share their views.
• It was recognised that at the meetings, people were not as engaged as they could be. To address this, staff introduced scrap books, focussing on specific projects and interests. We saw a scrap book for food, and another for leisure and activities. The supervisor explained that these were ongoing projects, where photographs of what had been achieved and what they would like to do were to be added at each meeting.
• The food scrap book included recipes that people would like to try, photographs from the weekly food preparation activity, and pictures of foods that people enjoyed.
• There were plans to develop a scrap book of plans for developing the garden in the summer.
• People's care plans were discussed with them. We saw that key worker reviews took place. This was where people spent time with a staff member assigned to updating their care plans. The key worker was responsible for ensuring care plans reflected the person's needs.
• One person had requested to have a different key worker. The supervisor advised us that this request had been acted upon and they now had a different key worker.

Respecting and promoting people's privacy, dignity and independence
• We observed one person requested to speak with the supervisor, to discuss their birthday party plans. The supervisor immediately gave the person the time and encouragement to discuss the plans at the person's pace. At one point another person was distracting the person from discussing their plans. They were asked if they could give the person some privacy and one to one time, to discuss their wishes.
• Staff spoke kindly to people and were discrete when offering support. We saw one staff member subtly offer a person a tissue when they needed one.
• People's care plans explained where people were independent and where they required support. For example, if the person could bath or shower independently, but they may need help to check the water temperature was safe.

• Staff knew people's individual routines, such as when they preferred to have their breakfast and the time they would usually choose to get up in the morning.
• People's family and friends were welcomed to visit and share their feedback about the service. People often chose and were supported to spend weekends or days with family.
• People were supported to maintain relationships safely. For one person, their future wishes of getting married were recorded. There was information to guide staff in supporting the person in the event of them entering into a relationship.
• People's clothing was marked on the label with a colour code, to show that the item belonged to them. This was felt to be a subtler approach than using name labels.

Good

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
• Information was made available in an accessible format and the home complied with the Accessible Information Standard 2016 (AIS). The AIS requires care providers to ensure information is given in a way that people with a disability or sensory loss, can access and understand. We saw an easy-read, pictorial format complaints policy in place, directing people as to how they could raise concerns.
• For one person, their care plan was written using their preferred font and colour for parts of the plan, to encourage their engagement. Their care plan folder was also in their favourite colour. This meant they knew which folders held information about them.
• People had care plans about their life histories, special memories, and interests. For one person this included where they had gone to school, other places they had lived. Also, which relative had given them certain gifts which were of sentimental importance to them.
• People attended social activities in the home and in the community. These included one to one and group sessions.
• We saw activities taking place in the home. One person was becoming so relaxed having their nails painted that they started to fall asleep. Another person was enjoying doing a puzzle, having earlier played a game with a staff member. A different person was relaxing watching a DVD of their preference, on their own portable DVD player.
• The supervisor explained that for one person, they had found that certain household activities helped them to meet their sensory needs. This included cleaning windows and vacuuming.
• In the summer, the three people and the staff team went on holiday together. People were supported to choose the destination and where they would like to stay. One person told us they enjoyed their holiday. We saw reference to the holiday in people's care plan reviews, with people sharing their enjoyment for this. One person spoke through the photographs of their holiday as they showed us. They told us they had enjoyed going to the seaside as part of the holiday.

End of life care and support
• People had end of life care plans in place. These included their personal wishes and preferences, as well as whether their family members would like to be responsible for any aspects.
• In one person's care plan it was stated what they would like to have happen to certain belongings, in the event of them becoming unable to care for them. There were also photographs of the person choosing the type of flowers they would like at the service.
• In the care plan for one person, a conversation between the person and staff member was recorded. This was focussed around watching a television programme where a funeral was taking place. This was used to prompt a conversation about the type of service the person might prefer.
• People's care plans included how to support them in the event of breaking bad news, such as a bereavement. There was a generalised overview, and then a more specific care plan for that person. For one

person this included that they may wish to have a photograph with them, for comfort.

Improving care quality in response to complaints or concerns
• The supervisor explained that they were keen to obtain any feedback from people and relatives. However, they had not received any written compliments and only one verbal complaint since the last inspection. The supervisor explained that the complaint had been reported and responded to, with records of this held at head office.
• The complaint related to the use of the household vehicle, which was provided through funding for one person's care. Measures had been put in place to address the concerns, to ensure that the vehicle was used appropriately.
• There was a feedback box in the home's reception, where visitors were encouraged to put their feedback on a card and submit it in the box, to be shared with the supervisor.

Good

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care
• The registered manager was registered for two different locations, which meant they were at the home when needed, and visited on different days of the week.
• There was a managerial presence at the home, with a supervisor in post. The supervisor was responsible for the day to day supervision of the home, reporting to the registered manager. The supervisor received regular supervision meetings with the registered manager, to help as part of their managerial development.
• The supervisor was completing their NVQ Level 5 management award. There were plans in place for the supervisor to eventually become the registered manager.
• The registered manager understood their responsibilities as the registered person for managing the home.
• Audits were completed by the home supervisor.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility
• We observed person-centred care approaches from the registered manager and supervisor, who knew people, their interests, and communication methods well.
• While there had been no notifiable records of any incidents or accidents, there were systems in place which included acting on the duty of candour responsibility.
• The supervisor oversaw all records and care plans, monitoring the updates and quality of these.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• There were different projects shown during the inspection as evidence of people being involved in the service. However, these were not kept up to date, to be used as reflections of achievements.
• The feedback box in the home's reception was not being used.
• We recommend that these systems and projects are reviewed, to ensure that people have opportunities for reflection on their achievements and feedback is up to date.

Working in partnership with others
• The supervisor explained that people's families are invited to attend social events. They said they recently had a coffee morning, to discuss relative feedback.
• There was evidence of the home working with health and social care professionals, including the pharmacist, GP, psychologist, learning disability nurse and diabetic nurse.
• The supervisor attended home managers meetings as part of their ongoing development, and to share

ideas with other managers within the organisation.