

Day Opportunities Ltd

4 Shanter Close

Inspection report

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Date of inspection visit:
04 February 2020
05 February 2020

Date of publication:
19 March 2020

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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

4 Shanter Close provides personal care and support to people living in the community. The service specialised in providing flexible support to people with learning disabilities and autism. Support was provided to ten people who were living in three houses in the town of Halifax.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

Management and staff had an extremely positive impact on people's lives and went above and beyond to understand and respond to people's needs and preferences. They supported people's ability to express themselves and included their wishes and aspirations in support planning and activities. People were actively involved in the local community and had access to a broad range of meaningful activities which improved their quality of life, developed their self-confidence and their self-esteem.

The service was well led by a committed and skilled management team who led by example. They used effective audits to provide high-quality, person-centred care. People spoke highly about the service provided and the impact it had on people. Good partnership working had improved people's independence, safety and wellbeing. Staff were observed to be kind, patient and caring and had developed good relationships and friendships with people. People were supported respectfully in ways that upheld their dignity. People were supported to express their views and provided with a person-centred service.

People were safe and protected from the risk of abuse and avoidable harm and people were comfortable and happy in the company of staff. Safeguarding adults' procedures were in place and staff understood how to protect people from abuse. Recruitment processes ensured new staff were suitable. There were enough staff to meet people's needs flexibly and to ensure their safety. People received their medicines when they needed them from staff who had been trained and had their competency checked. Detailed risk assessments included positive risk taking to optimise people's opportunities to engage in activities.

People's needs were thoroughly assessed in line with good practice guidance which ensured positive outcomes and a good quality of life. People's health needs were identified and closely monitored. People were supported with eating and drinking, and specialists were involved when required for people who were nutritionally at risk. Induction training was thorough and ongoing training and support for staff was kept up to date.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 14 June 2019 and this is the first inspection.

The last rating for this service was good (published 12 December 2016). Since this rating was awarded the registered provider has altered its legal entity. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on the previous rating.

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?

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?

Outstanding ☆

The service was exceptionally 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.

4 Shanter Close

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service provides care and support to people living in three 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. The Care Quality Commission (CQC) does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with CQC. 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 announced.

We gave the service 48 hours' notice of the inspection. This was because the service is small, and people are often out; we wanted to be sure there would be people at home to speak with us. Also, we needed to be sure the registered manager would be available to support the inspection. Inspection activity started with a visit to the office on 4 February 2020 and ended on 5 February 2020.

What we did before the inspection

We looked at the information we held about the service. This information included statutory notifications the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We also contacted local commissioners and healthcare professionals for their

views about the service.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We used a number of different methods to help us understand the experiences of people who used the service. We visited the office and spoke with the provider and the registered manager. We visited three houses and met with five people being supported in their own homes. We also spoke with two team leaders and five support workers. We spoke with three relatives on the telephone.

We looked at the care plans and associated records for four people who used the service. We reviewed records relating to how the service was managed; these included staff training and recruitment records, medication records, induction and supervision records, quality assurance systems, policies and procedures and responses from the recent customer satisfaction survey. We also looked at the outcome from the most recent commissioner's report.

After the inspection

We received positive feedback from three healthcare professionals.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems to protect people from the risk of abuse. We observed people were safe and happy. Relatives said, "[Family member] calls it home and is happy to go back there" and "I know [family member] is safe and looked after in a good service. I trust them."
- Management and staff understood safeguarding and protection matters and were clear about when to report incidents and safeguarding concerns to other agencies. Staff talked to people about keeping safe at home and in the community and how to recognise abuse, discrimination and hate crime.
- The provider had taken suitable steps to ensure staff knew how to keep people safe and to protect them from discrimination.

Assessing risk, safety monitoring and management

- Management and staff assessed individual risks to people and kept them under review. Detailed guidance was available for staff to keep people safe from avoidable harm and ensured people received the right support in the least restrictive way possible. People were supported to take positive risks enabling them to experience independence, choice and control over their lives.
- Staff received specialist training in positive behaviour support (PBS), to help them support and understand people with behaviours that challenge. PBS is a method of learning about a person and why they may become anxious or distressed. Detailed behavioural plans meant staff had the information they needed to support people in a way that ensured their safety and wellbeing.

Staffing and recruitment

- The provider had followed clear and safe recruitment processes. Appropriate checks had been carried out prior to employment.
- The registered manager ensured people were supported by enough suitably skilled and qualified staff. Staffing levels were based on people's needs and lifestyles.

Using medicines safely

- People's medicines had been safely managed. Staff were suitably trained to administer medicines and checks had been carried out on their practice.

Preventing and controlling infection

- The provider had systems to protect people against the risk of infections.

Learning lessons when things go wrong

- The provider had systems to learn lessons and improve the service when things went wrong. Accident and incidents and any lessons to be learned were discussed at management and staff meetings.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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

- The registered manager completed thorough assessments before people received a service, to make sure their needs could be met. People's protected characteristics such as culture, age, religion and belief were considered. Policies and the initial care assessment supported the principles of equality and diversity.
- Management and staff ensured people experienced a positive transition into the service. A relative confirmed this.
- Management and staff worked in partnership with other professional organisations including the National Autistic Society and the British Institute for Learning Disabilities. The guidance was embedded in day to day practice and had improved people's quality of life.
- Technology was used to enhance people's care and support. This included iPads, sensory mats, mobile phones and electronic ceiling hoists.

Staff support: induction, training, skills and experience

- All staff received a wide range of appropriate training, supervision and support to give them the necessary skills and knowledge to support people properly. New staff completed an in-depth induction training programme to make sure they were confident, safe and competent in their role.
- The registered manager had developed close links with training providers to provide staff with varied learning programmes. Relatives were confident staff had the skills and knowledge to support people.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff were supportive in helping people maintain their health and well-being particularly where people had complex health needs.
- The registered manager and staff had excellent links with social and healthcare professionals to ensure people received a coordinated service. We saw evidence of partnership working with healthcare professionals such as GPs and specialist nurses particularly when people's lives, and social activities were restricted by their health conditions.
- Each person had a detailed and thorough health action plan, which provided information about past and current medical conditions as well as records of all healthcare appointments. We found good examples of how staff had encouraged and supported people with attendance at healthcare appointments.

Supporting people to eat and drink enough to maintain a balanced diet

- The registered manager made sure people were supported at mealtimes in line with their plan of care. Special diets were catered for including diets relating to religious observance and health and weight related

issues.

- Staff monitored people's nutritional needs closely and sought appropriate and prompt advice from health professionals when needed. We received positive feedback from dietetic professionals.
- Staff involved people with menu planning, shopping to local shops and meal preparation tasks; staff supported them to be as independent as they could be. During our visit, people were fully involved and helped plan their meals with staff, taking nutritional advice into account.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Management and staff received training and demonstrated an understanding of the principles of the MCA. Staff made sure people were supported to have maximum choice and control of their lives and supported them in the least restrictive way possible. We observed people making their own choices and decisions.
- The provider had records to advise whether people required applications to be submitted under MCA and DoLS for authorisation. The registered manager monitored and reviewed any applications. Any conditions attached to authorisations were considered as part of people's care and support and regularly reviewed.
- The provider ensured people's best interests were considered and worked with families and professionals to minimise the use of restrictions.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care

- Management and staff fully involved people or their representatives in planning their care. They worked closely with people's relatives or representatives to ensure their views were listened to and decisions were taken in their best interests. Relatives said, "Things are put in place; there is nothing rushed. Achievements take time" and "We work together."
- Staff understood people's complex communication needs and recognised the importance of people's need to express themselves and to communicate with others. For people unable to verbalise, staff observed and recorded people's preferences, gestures and facial expressions to make improvements to people's lives.
- The registered manager and staff involved people in the development of the service. Effective systems ensured everyone was able to express their views and experiences through various methods of communication.
- People were involved in staff recruitment and selection. People were also involved in learning sessions about keeping safe such as fire safety, management of money and safeguarding.

Respecting and promoting people's privacy, dignity and independence

- Staff had encouraged people to become more independent by setting goals and aspirations and engaging people in activities that would normally be overwhelming and challenging for them. There were good examples of how staff had worked with people to support them with development of skills and confidence and independence.
- Staff were enthusiastic and motivated and worked hard to ensure people were happy and settled and their individual needs were met. Staff were responsive and sensitive to people's emotional needs and changes in mood.
- Staff treated people with the utmost respect. They were attentive to their physical appearance and supported people to do what they would like to do. They explored ways in which people could remain independent and have control of their lives for example, in areas such as money management and personal needs.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were motivated to provide care and support in a caring, kind and compassionate way. Management and staff focussed on building and maintaining open and honest relationships with people and their families. A relative said, "Staff have an excellent understanding of people's needs."
- Staff treated people with equality and respected their diverse needs. For example, staff understood the comfort offered for people to communicate in their preferred language and the importance of having favourite toys and possessions with them at all times.

- Staff had access to a set of equality and diversity policies and procedures and had received training in this area. Staff demonstrated a good knowledge of people's personalities and individual needs and what was important to them.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received highly person-centred support which had made a significant impact on their well-being, independence and confidence. Care plans were creative in reflecting people's personal histories and cultural backgrounds and showed how people's care and support had been tailored to them and adapted over a period in line with their aims, aspirations and achievements. Visiting professionals confirmed the service focused on providing person-centred care and support and achieved exceptional results.
- People were supported to manage their finances more independently. This had given people confidence and independence to have more control over their money.
- People were supported to become full citizens and their rights to vote were respected and encouraged, where appropriate. Staff gave people excellent opportunities to feel valued as a member of the community.
- People were fully involved and informed in all aspects of their support. Staff were thoroughly committed to providing personalised care and had an excellent understanding of each person's needs. People's likes, dislikes and preferences were known and respected. People had been involved in developing their care plans in a format that was appropriate to them.

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.

- The registered manager had been innovative in ensuring people received information in a way they could understand. Alternative formats were used such as easy read, pictures and talking tiles. Talking tiles provided verbal instruction and advice at the touch of a button. Talking care plans, photo albums and policies and procedures such as safeguarding, mental capacity and complaints procedures were also used by people. Staff rotas were displayed in photographs so that people were able to see who was available to them and when.
- Staff excelled in ways they supported people to communicate their wishes. Staff fully understood and supported people with communication and ensuring they had information they could understand. Staff worked determinedly with people who were non-communicative when they arrived in the service.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People accessed a wide range of activities that were based on their individual preferences, diverse needs,

likes and aspirational goals. People also attended day centres and education colleges to learn new skills, develop confidence and to make friendships with other people. A relative said, "Staff support [family member] to have a very active life. They are able to meet friends and do activities that they were interested in before they came to this service."

- People were supported to feel valued and active members of the local community by accessing employment and volunteer opportunities within the local community. A relative said, "[Family member] has gone from strength to strength; [family member] trusts the staff which has helped them to achieve the impossible."
- Staff ensured people's activity plans were personal and new experiences had been explored based on staff knowledge of the person. Staff patiently helped people to attain their goals and to achieve remarkable new skills despite their disabilities, fears and health conditions. One member of staff said, "We work hard to get people's trust. They will try new things when they trust and have confidence in us."
- Friends and family members were encouraged to participate in people's lives and were welcomed to visit at any time. Supported visits to meet and stay with family were also arranged. A relative said, "I am involved with my [family member's] life with support from the staff."

Improving care quality in response to complaints or concerns

- People told us they were happy, and relatives told us they had not had cause to raise any concerns or complaints. There were no complaints made about this service; we saw a number of compliments.
- People and their relatives received information on how to make a complaint if they wished to do so. People had access to easy read and a talking complaints procedure, helping them to easily understand the process.

End of life care and support

- At the time of our inspection, the service was not supporting anyone with end of life care. Where possible, information about people's preferences and choices in relation to end of life care and cultural and spiritual needs had been explored and recorded. Health professional would be consulted to ensure people experience a comfortable, dignified and pain free death.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager, provider and staff planned and promoted person-centred, high-quality care to ensure positive outcomes for people. Relatives confirmed staff put people at the heart of the service. They empowered people to make decisions about their lives and they were supported to achieve their dreams.
- Management and staff respected people's diversity, personal and cultural needs and were continually looking for new experiences and opportunities to enhance people's lives. Volunteer work, and employment had been sought for people which had a positive impact on their lives and future plans. People's religious beliefs and cultural needs were respected.

Continuous learning and improving care; Working in partnership with others

- The management team and staff had signed up to local initiatives and worked in partnership with external agencies where they could continue to learn, improve and share valuable knowledge and information; this supported the continued development of the service. The registered manager attended local forums to keep up to date and to develop and share her skills and knowledge. People told us the registered manager supportive, approachable and knowledgeable.
- The registered manager and staff worked with different agencies to help people stay well and safe and have a good quality of life. We saw examples of where partnership working had improved people's safety and wellbeing, developed independence, improved recruitment and met people's needs and aspirations.
- Staff meetings were utilised to ensure continuous learning and to ensure ideas for improvement were heard. Staff told us the training they received was useful and had helped them develop their skills and learning and to provide a continuous service to people.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff were clear about their role and about the values and ethos of the service. Any notifications the registered manager and provider were obliged to make, had been made to CQC and the local authority. The registered manager was visible around the service and demonstrated a detailed knowledge of people's needs and the needs of the staff team.
- The provider ensured there was a strong framework of accountability to monitor performance and risk with clear lines of accountability and responsibility. We found auditing of the service to be an integral part of the operation and development of the service.
- Staff morale was high, and managers and staff were enthusiastic, motivated and passionate about their

work. Management and staff leadership skills were recognised and further developed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's equality characteristics were respected and they were able to determine how to live their lives. Management and staff saw the service as an important part of the community. Community links were developed with day centres and local businesses to enhance people's changing needs and preferences.
- The registered manager promoted positive outcomes for people by engaging with people, staff and relatives. The registered manager encouraged people to voice their opinions through different forums to ensure their voice was heard. It was clear people were listened to and the service was changed and developed to reflect people's views and experiences. Management and staff were creative in enabling people to be empowered and voice their opinions.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team understood and acted on their duty of candour responsibilities. They promoted and encouraged candour through openness. Good relationships had been developed between management, staff and people using the service and their family members.