

# Ordinary Life Project Association(The) Ordinary Life Project Association - 12 Addington Close

## Inspection report

12 Addington Close  
Devizes  
Wiltshire  
SN10 5BE

Tel: 01380720001

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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:

Ordinary Life Project Association – 12 Addington Close is a residential care home that was providing personal care for two people with learning disabilities and dementia at the time of the inspection. The home is registered to provide care for up to three people.

People's experience of using this service:

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

Medicines were managed safely. The home had worked with the pharmacist to ensure that people's medicines were reviewed and continued to be effective.

People were supported to live healthier lives. This included achieving a healthy weight range, also three-monthly dementia progress appointments with a visiting healthcare professional.

People were encouraged to follow their interests. One person attended music and singing group sessions outside of the home. We observed another person colouring. There was an interactive media device that could be used to select music and sports online that both people enjoyed watching and listening to.

One person went to an art group and produced artwork at home that was framed and presented in the living room. The art work was also used to create seasonal gifts, gift tags and cards for friends and relatives.

There were photographic diaries of people's social interactions and achievements. These included photographs of people at their favourite places of interest.

One person preferred to spend their time indoors and creative ways to encourage their social involvement were found. This included bringing snow indoors for them to build an indoor snowman.

The home was clean, tidy and free from odours throughout.

There were photographic signs on the doors to the bathroom, laundry room, and kitchen. These were to help people orientate themselves around the home.

Bedrooms had full length glass doors leading to the accessible garden. The garden had a decking walkway and raised borders, to encourage people to be involved in the gardening. One person's relative was a landscape gardener and provided the home with plants throughout the year. The home employed the services of a gardener to ensure this area was maintained.

Technology was used to support people to maintain contact with their family. One person had family living

overseas. There had been attempts to support them to Skype with their family, but it was found that due to the time difference, email communication was more effective.

There were enough staff to meet people's needs and staff enjoyed working at the home. They had access to a range of training based on the needs of the people they support. Staff had regular supervision meetings with the registered manager or the senior carer.

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.

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

The service met the characteristics of Good in all areas. More information is in the full report.

Rating at last inspection: This was our first inspection under the current inspection methodology. The home was previously inspected in September 2013 and was found to be compliant. The service had a period of dormancy during this time, where there were no people being supported.

Why we inspected:

This was a scheduled comprehensive inspection.

Follow up:

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

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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.

# Ordinary Life Project Association - 12 Addington 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. 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:

Ordinary Life Project Association – 12 Addington Close 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 comprehensive 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 their daily notes, activities records, and medicines administration charts. We reviewed information relating to the management of the home, including audits, policies, and meeting minutes. In addition, we spoke with the registered manager, two members of staff, and met the two people who live at the home. After the inspection we contacted one health and social care professional for their feedback.

# 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.

Systems and processes to safeguard people from the risk of abuse

- Staff had received safeguarding training.
- Staff understood their responsibility to identify and report any safeguarding concerns. They told us they would feel confident discussing these with the registered manager and that action would be taken.

Assessing risk, safety monitoring and management

- Accidents and incidents were recorded and reported to the registered manager for review. These were then sent to the area manager and head office where records were held.
- The registered manager maintained an overview of the number of incidents. The registered manager had developed a system to identify any patterns or trends.
- Risks to people's safety were identified and assessed. Risk reducing measures were then identified and recorded in people's care plans for staff to follow. These included for example, risks to people during personal care, such as hot water temperatures.
- There were systems in place to support people to stay safe in the home. This included storing cleaning chemicals and products securely. There were also safety information sheets about each chemical held at the home.
- Each morning and evening, there were checks completed in the kitchen. This included ensuring that all fresh food was in date and safe for consumption.
- There had been a recent fire safety inspection at the home. The fire officer's visit feedback stated that the home was 'clean, tidy and safe'.

Staffing and recruitment

- Staff told us there were always enough staff available to meet people's needs.
- There were two staff vacancies, being covered by 'relief' and agency staff each week.
- The home had waking night staff, and an on-call system, so they could contact a member of the management team in the event of an emergency.
- Staff recruitment records were held at the central office and not at the home. The registered manager maintained checklists to ensure that people had all recruitment checks completed prior to commencing employment. This included completing Disclosure and Barring Service (DBS) checks. DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people.

Learning lessons when things go wrong

- There had been one incident involving an agency staff member, where lessons were learned. The staff member was lone working, supporting a person who preferred to receive care from female staff. This resulted in behaviours the staff member found difficult to support. As a result, the registered manager explained that if lone workers have not built a rapport with the person prior to their shift, they will be female. Learning from this has ensured more consistency in the person's wellbeing.

#### Using medicines safely

- Medicines were stored securely.
- Medicine records were up to date and there were no gaps.
- Where medicines were prescribed for administration on an 'as and when required' basis (PRN), there were protocols in place. The PRN protocols directed staff as to when these medicines were required and what support could be offered prior to these being administered.
- The home had their medicines management systems audited by a pharmacist one month prior to the inspection. As part of the audit, people had their medicines reviewed, to ensure they were up to date and working effectively.

#### Preventing and controlling infection

- Staff had access to personal protective equipment (PPE), such as gloves. We saw these being used when staff were administering medicines.
- All areas of the home were clean throughout and free from odours.



# 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.

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 with appropriate legal authority. In care homes, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards.
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found that where required, there were assessments in place and DoLS applications had been made.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care plans reflected that their needs and choices were assessed and reviewed on a regular basis.
- The home worked in accordance with the principles of Registering the Right Support. This is CQC's policy on registration and variations to registration for providers supporting people with a learning disability or autism. This included for example, the home was small, and this meant that staff could provide more personalised care.
- Where there were changes noticed in people's condition or behaviour, these were documented and monitored. The registered manager then engaged with the most suitable health or social care professional for further guidance and support.

Staff support: induction, training, skills and experience

- The registered manager told us that they tried where possible to confirm agency staff who had already been to the home and knew the people they were supporting. They said when there were staff who had not been to the home before, they were asked to visit prior to their shift for an induction and comprehensive handover.
- Permanent staff received an induction to the home, including shadowing a more experienced staff member for as long as was felt needed. They also received training during this time and monthly supervision meetings with the registered manager.
- Staff told us they received timely supervision meetings with the senior carer or the registered manager.

They explained that they felt they could ask for these meetings to be sooner if needed. At supervision meetings staff could discuss any training needs, as well as what was working well and where there were areas for development.

- Staff received a range of training, including safeguarding, mental capacity, and dementia care. Staff also received behavioural support training.

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

- People's dietary needs were supported by timely referrals to the Speech and Language Therapy (SALT) team. One person had received a SALT assessment and required their food to be pureed.
- Equipment to provide pureed food was available and training regarding providing pureed food had been received.
- There were daily menu plans displayed. People were welcomed to choose alternatives if they wished to have something different.
- There was a pictorial food options book available, to support people to make choices.
- People chose where they wanted to sit to eat their meals, this helped them to have a relaxed dining environment, where they were more likely to engage with their meal.

#### Staff working with other agencies to provide consistent, effective, timely care

- The staff team worked closely with health and social care professionals, and referrals for support were made in a timely manner.
- One health care professional told us that the staff team are efficient in seeking advice from them in response to people's changing needs. They also explained, "[Most of] the team are very receptive to suggestions."
- During our inspection the service was preparing to meet with a health care professional for further behavioural support guidance, tailored to one person's changing needs.

#### Adapting service, design, decoration to meet people's needs

- The service was designed to meet people's needs. All areas of the home and garden were wheelchair accessible and there had been a hand rail fitted at the front of the home on the driveway.
- There were photographic signs on the doors to the bathroom, laundry room, and kitchen. These were to help people orientate themselves around the home.
- Bedrooms had full length glass doors leading to the accessible garden. The garden had a decking walkway and raised borders, to encourage people to be involved in the gardening.
- Technology was used to support people's interests, this included an electronic tablet that a person could use to play games. Also an interactive electronic device that connected to the television and provided on-demand music and videos. One person maintained contact with their family using the home laptop to receive emails and photographs.

#### Supporting people to live healthier lives, access healthcare services and support

- People had been supported to achieve healthy weights. The service had met the needs of one person who had been overweight and the other person who had been at a low weight. Both people were assessed by their GP as being much healthier having received this support.
- Where one person had reduced their weight, they had been able to reduce their medicines.
- One person preferred to receive their health care appointments at the home. This was facilitated with a visiting GP, nurses, and other healthcare professionals.

# 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; respecting equality and diversity

- People appeared comfortable while in the company of staff and the registered manager. They engaged in conversations and chose to sit in their preferred areas of the lounge. One person had photographs of their family on the wall where they preferred to sit.
- One person enjoyed spending time out in the community, whereas the other person wished to spend their time solely in the home. The staff tried to ensure that the differences in their preferences were respected, but that both people could enjoy aspects of an activity. For example, if one person went out for a walk and stopped for a hot chocolate, they offered the other person the option of having a hot chocolate brought back for them. The registered manager explained that the person really liked this.
- Staff told us that they enjoyed working for the service and providing care and support to people. One staff member said, "One of my favourite things about working here is the gentlemen and their personalities." They continued, "We do our best here, [Person's] family always make comments about how well and happy he is. [Person] is also very content."
- We heard kind and respectful interactions between staff and people. One person accidentally spilled their drink and the staff member responded quickly, calmly, and assured the person that it was ok. They told them, "It's ok, not to worry, we will get you another one."
- Visitors to the home were welcomed to share their feedback. We saw that positive feedback had been received. This included comments from relatives stating that their family member was showing improvements in their health and wellbeing. Comments also included that the home was warm and welcoming.

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

- One person's care plan stated, "I like to be smartly dressed." Also, "I like staff to wet shave me." We saw that the person was dressed smartly and had a well-kempt appearance. One staff member told us, "He is a true gentleman."
- People had decision making tools in their care plans. These explained how staff can involve the person in their decisions on a day to day basis. For example, how they can support a person to purchase new clothes. For the person who preferred to stay in the home, this involved showing them catalogue photographs.
- 'Tenants meetings' took place. These were not to a set schedule but were usually ahead of events happening. They were also to discuss things that affected both people, such as visitors to the home, or to plan for future events.
- Staff knew basic Makaton sign language to communicate with people for example to explain to a person if it was lunch time.

## Respecting and promoting people's privacy, dignity and independence

- There were records kept of what had worked well and what had not. One entry included that staff had observed giving the person space to enjoy music had worked well. Staff understood people's need for privacy and to enjoy activities in the privacy of their own company.
- One person experienced anxiety at arriving to social events when the room was already busy. The staff supported this need by ensuring that they always arrived first. This supported the person to maintain their independence by continuing to attend and enjoy the social events.
- Staff understood how to support people with their personal care in a dignified and respectful manner, by maintaining their privacy.
- People's friends and families were welcomed to visit at any time. The home also had good community relationships, with neighbours who visited the home for social events.

# 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

- People's needs were assessed prior to moving into the home. When people's care plans were created, further assessments were completed. These included assessing how the service could support people's protected characteristics as part of the Equality Act 2010. The Equality Act protects people from discrimination. The protected characteristics of the Act include for example people's age, gender and sexuality.
- People received information in an accessible format. This included pictorial and easy-read guidance and assessments. The service worked in accordance with the principles of the Accessible Information Standard (AIS) 2016. The AIS standards requires social care services to identify, record, and meet the communication support needs of people with a disability, impairment or sensory loss.
- People were supported to participate in activities that were of interest to them. This included activities inside of the home and in the community.
- One person attended activities in the community that included 'Music for the Mind', going shopping, for walks, and visiting the local town. The person also engaged in an art club and chose to spend time on their art work at home. The staff had supported this interest by encouraging the person to create an art exhibition at the home. They also used the art work in creating gifts, cards and gift tags for friends and relatives. The person's consent was sought for this and they enjoyed producing art work that others could enjoy.
- Another person was supported to partake in what the registered manager described as "seasonal activities". They explained that this was an approach they had found to work well in encouraging the person to engage in in-house activities. For example, they had snow brought indoors for them to build an indoor snowman. Also, the gardening tools and pots were brought indoors so they could participate in potting plants at the table. The person felt unable to spend time outside. The staff were creative in finding ways of bringing the activities to them.
- People had memory books, containing photographs of their activities, social engagement and achievements.

Improving care quality in response to complaints or concerns

- While no complaints had been received, there was a complaints procedure and policy in place. If complaints were received, they were reviewed and responded to by the registered manager and stored at the service's head office.
- There was an easy-read complaints policy in place, using pictures and simple terminology to support people's communication needs.
- The registered manager was pro-active in seeking feedback from people's relatives, where people were unable to share their views.

## End of life care and support

- End of life care plans had not been completed.
- The registered manager and one staff member explained that they were working with families to identify the best way to have the conversations with people and to put plans in place.
- Staff had received end of life care training and also received support from a local hospice. The registered manager told us, "The training is really good, they teach you about the best approaches."
- Nobody at the service was receiving end of life care and treatment at the time of the inspection.

# 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.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; engaging and involving the public and staff.

- Staff attended monthly 'team days' where they could discuss what was working well and where there were any areas for development.
- The registered manager explained that information from people's monthly reviews were discussed at the team days, so that all staff were aware of any important updates.
- Staff received a written daily comprehensive handover, but there was also a notice board in the staff area, with reminders about any important appointments and events taking place.
- The registered manager had ensured that they received feedback from visiting family members and professionals. They were keen to welcome feedback and use it as an opportunity to learn where needed.

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

- The registered manager was registered for two different locations, which meant they were at the home on different days of the week. They explained that they rotated with a senior carer, to ensure that there was a supervisory presence at the home most days.
- The registered manager explained that they felt their management style was "approachable". They told us that they "don't sit on concerns." They explained that a meeting the following day was due to wanting to ensure that staff responded in the best way possible to a person's changing needs.
- The staff we spoke with told us that the registered manager was responsive to any concerns that were raised. They told us they felt they could go to the registered manager if they had any queries and that they were readily available.
- The registered manager maintained audits of the home and had robust quality assurance processes in place to monitor quality performance.
- Audits were also completed by the regional manager and by the maintenance operative.
- The registered manager understood their regulatory requirements to report certain events to the local authority and to CQC as statutory notifications.
- There were business continuity plans in place, so that in the event of emergencies such as heating failure, there were protocols to be followed.

Continuous learning and improving care

- The registered manager had a development plan that they were working towards. This included sourcing opportunities for days out, making improvements to the garden and to the environment, as well as ensuring all staff completed their training.
- The registered manager explained that they were proud to have achieved positive outcomes with people's engagement in activities. They told us that this was an aspect of the service they were keen to continue to develop.
- Lessons had been learned from incidents and situations where improvements or changes could be made. The registered manager used these lessons to drive improvements in the service.

#### Working in partnership with others

- There was evidence throughout people's care plans and records that the home had good relationships with health and social care professionals.
- The registered manager attended meetings with other managers within the organisation. These were an opportunity to learn from and share ideas.