

Life Opportunities Trust

# Life Opportunities Trust - 6a Sewells

## Inspection report

6a Sewells  
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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

This inspection was carried out on 7 November 2017 and was unannounced. At their last inspection on 1 December 2015, they were found to be meeting the standards we inspected. At this inspection we found that they had continued to meet all the standards.

Life opportunities trust-6a Sewells 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 accommodates seven people in one adapted building. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service had a manager who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run.

People felt safe and staff were aware of how they needed to maintain people's safety/ this was in relation to medicines, individual risks, the environment and going out. There were sufficiently trained staff to meet people's needs and they felt supported by the management team.

People were supported in a person centred way which included meeting their care needs and in relation to hobbies and interests. Care plans were detailed and people were involved in developing these.

People were treated with dignity and respect. Staff worked in a way that demonstrated they treated the service as people's homes and they told us this was the ethos of the management team. People and their relatives told us that they did not have any complaints but felt confident to raise any issues if they arose.

There were systems in place to monitor the quality of the service and this included involving people in, and listening to people about, the running of the home. People, their relatives and staff told us that they felt the service was well run.

## 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.

People were supported by staff who knew how to promote their safety.

People were supported by sufficient staff.

There were appropriate systems in place to manage any risks in relation to people, medicines and the environment.

### Is the service effective?

Good ●

The service remains effective.

People were supported by staff who were trained and supported.

People were encouraged and supported to make choices and staff worked in accordance with the principles of the Mental Capacity Act 2005.

People enjoyed a variety of food and were supported to live a healthy and balanced life.

### Is the service caring?

Good ●

The service was caring.

People were treated with dignity, respect and kindness.

People were supported in accordance with their preferences and wishes and their relationships respected.

### Is the service responsive?

Good ●

The service was responsive.

People received person centred care in relation to support needs and participating in hobbies and interests.

People were involved in planning their care and their views about the running of the service were listened to.

There was a complaints process which people knew how to use if needed.

**Is the service well-led?**

**Good** ●

The service was well led.

People, relatives and staff were positive about the running of the home.

There were systems in place to monitor the quality of the home, listen to people and value staff.

The management team and staff continuously looked for ways to improve the quality of the service.

# Life Opportunities Trust - 6a Sewells

## **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 was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2014 and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was carried out on 7 November 2017 and was unannounced. Before the inspection we reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us. We also reviewed the provider information return (PIR) submitted to us. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

The inspection was unannounced and carried out by one inspector.

During the inspection we spoke with three people who used the service, two relatives, three staff members and the registered manager. We received information from service commissioners and health and social care professionals. We viewed information relating to two people's care and support. We also reviewed records relating to the management of the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us due to their complex health needs.

# Is the service safe?

## Our findings

People told us that they felt safe. One person said, "Oh yes I feel safe." Relatives also felt people were safe. People were supported by staff who had a clear understanding of how to keep people safe. This included how to recognise and report abuse. Staff received regular training and updates. There was information available to people about what to do if they were worried or someone had treated them badly. This was in pictorial format for those who needed it.

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly. Risk assessments were in place for areas including falls, skin integrity, the use of equipment and going out. These assessments were detailed and identified potential risks to people's safety and the controls in place to mitigate risk. This information was shared with others who may support them, such as, the day centre. We noted that there were a low number of incidents. However, all accidents and incidents were reviewed to ensure all remedial actions had been taken and the risk of a further incident was reduced.

There were regular checks of fire safety equipment and fire drills were completed, which included evacuating and involving people who used the service. Staff knew how to respond in the event of a fire. The provider ensure that other checks, such as electrical or health and safety assessments, were also completed to help maintain people's safety.

People and their relatives and staff told us that there were enough staff available to meet people's needs. Throughout the course of the inspection we noted that there was a calm atmosphere and that people received their care and support when they needed it and wanted it. Staff told us that there was a contingency plan to help ensure all shifts were covered in the event of staff sickness. This included calling staff who weren't on duty, an agency they regularly used and other homes of the provider in the area. One staff member said, "There's always enough staff, even if we have agency in, we can get the guys out. Occasionally on a Sunday there might be an odd issue with getting to church, but not often."

Safe and effective recruitment practices were followed to help make sure that all staff were suitable for working in a care setting. These were managed at provide level so file were not available to view. However the registered manager told us that the provider ensured all required documentation was received before a member of staff commenced employment. This included written references and criminal record checks.

People's medicines were managed safely. Medicines were stored safely and administered by trained staff. We checked a random sample of boxed medicines and those in the pharmacy blister packs and found that stocks were accurate with the records. Control measures were in place to ensure these were managed safely. The registered manager had previously identified a spate of errors in dispensing. As a result they reviewed their practices to amend how administration was carried out and the policy was updated to reflect this. Staff received trained and regular competency assessments. People received regular reviews to help ensure medicines they were taking were still appropriate for their needs.

There were systems in place to help promote infection control. These included cleaning regimes and schedules and training for staff. We also noted the people had been able to participate in a handwashing learning session and some had certificates displayed in their rooms. We saw that staff used gloves and aprons appropriately and the home was clean and fresh on the day of our inspection. We noted that the service used the local authority's 'safer food, better business' process in the kitchen and the registered manager checked to ensure staff were working in accordance with the policy.

Lessons learned were shared at team meetings, supervisions or as needed. We noted that any issues were discussed and remedial actions put into place. For example, one person had sustained a small cut when being shaved. As a result staff were instructed to only use electric shavers to reduce the risk of a reoccurrence. There had been no further incidents documented. One staff member told us, "[Registered manager] checks we are working properly."

# Is the service effective?

## Our findings

People's relatives told us that they felt staff were skilled and knowledgeable to support people living at the home. One relative said, "They are all wonderful."

Staff received training to support them to be able to care for people safely. This included training such as moving and handling and safeguarding as well as specific training modules such as communication and epilepsy. Staff told us that they felt supported and were able to approach the management team for additional support at any time. One staff member said, "My managers are brilliant, couldn't wish for better. I know if I had an issue they'd help me to sort it out." They went on to say, "Loads of training, I feel like I'm always training."

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager demonstrated a clear understanding of when it was necessary to apply for an authority to deprive somebody of their liberty in order to keep them safe. They had awareness of what steps needed to be followed to protect people's best interests and how to ensure that any restrictions placed on a person's liberty was lawful and they had their human rights to freedom protected. The appropriate applications and documentation was in place.

People were supported and encouraged to make their own choices about how they wanted to live, what to do, eat and wear. One staff member said, "It feels like they (people) have all the power and I love that." People confirmed that their choices were sought and listened to.

People's choices, preferences and needs were shared with professionals and organisations who supported them. Such as dieticians and diabetic nurses and the day centre. We noted that the day centre was invited to care reviews to ensure that care was consistently delivered in accordance with people's needs and wishes.

People's day to day health needs were met in a timely way and they had access to health care and social care professionals when necessary. For example, GP, speech and language team (SALT) and a chiropodist. One person told us that staff helped ensure they went to their appointments. One person said, "Very good at supporting with appointments."

The home was designed in a way so that people could move around easily, whether this be independently or with the use of mobility aids. Equipment was well situated in bedrooms and bathrooms to enable people to be independent where possible. We noted sinks were low for people who used wheelchairs and also



mirrors so they could see themselves without support. There was a large comfortable lounge with ample seating for everyone and a large dining table so people could enjoy a meal together if they wished. Bedrooms were personalised and each had their own post box. One person told us that staff posted their letters in the box so they could retrieve it themselves when they were ready. There was an accessible garden that had recently had new furniture purchased so that it could be enjoyed.

People were supported to enjoy with a variety of food and their individual likes, dislikes and dietary needs were well known by staff. One person told us that they enjoyed cooking. They said, "When [staff member] is here [they] come to my room and say 'I need your help', I like cooking with [them]." Assessments had been undertaken to identify if people were at risk from not eating or drinking enough and if they were at risk of choking. We observed staff supporting people appropriately.

## Is the service caring?

### Our findings

People told us that staff were kind and caring. One person said, "I think it's wonderful here, I get on with staff, they're nice." A relative told us, "They are all fantastic, and we met the night staff now too and they are equally fantastic." They went on to say, "Nothing is too much trouble, they try so hard with [person], they know [their] moods. The relative told us how a recent celebration was tailored to suit the person's needs and that it suited them perfectly so that they were able to enjoy it.

Staff were calm and friendly with people and we observed them interact with people in a warm and caring way. Staff listened to people and gave people time when it took time for them to verbalise what they were communicating. Staff were familiar with how people communicated and what gestures people made meant. For example, when a person was uncomfortable in their chair.

Staff respected people and supported them with dignity. We noted that there was a clear emphasis that this was home for people living there before it was a workplace. This was displayed as a reminder for staff. However, we noted that all staff worked in a way that demonstrated it was people's home. One staff member told us, "I love it at Sewells because it feels like their home." Plans detailed ways in which staff could try to encourage people's involvement by offering choices and supporting them to live independently where possible. Reviews to people's care involved people and relatives told where appropriate. One relative told us, "We are very much involved. And they'll say 'we are thinking about trying (something new), what do you think about it?'"

The service had a dignity champion whose role was to raise awareness of what this meant to people. They had held a dignity day attended by the mayor where they planted a tree. There was an indoor tree where people had added a leaf sharing what dignity meant to them.

People living at the service, and many of the staff supporting them, had been there for a number of years. This was evident in how people responded to staff and the awareness staff had about people's needs, life histories and preferences. They were able to tell us about people's health, families and important relationships and their interests. Plans included information that showed the person as an individual and helped staff to meet their needs in a way that they liked. There was also a part of the plan that stated 'what people admire about [name] and this detailed many things that people and staff had shared about the person from their sense of humour, independence and the kindness they show their friends. People regularly saw these plans so were able to see the feedback.

People were encouraged maintain relationships in whatever form they took. This included with family members, partners and friends. We also noted that some people were attending a speed dating event to help develop potential new relationships. The registered manager and staff were respectful of this and promoted it. They had an open attitude and took the stance of 'why would it be any different to you or me' which demonstrated a positive approach to supporting people living with learning or physical disabilities to live a full and enjoyable life. Staff told us that when people had been in personal relationships while living in the home, they ensured they had the privacy they wanted. For example, by waiting to be called by the

person before entering a room.

People's records were stored in a lockable office in order to promote confidentiality for people who used the service.

Relatives and friends of people who used the service were encouraged to visit at any time.

## Is the service responsive?

### Our findings

People's care plans were detailed and person centred. They included information that enabled staff to promote independence where people were able and provide care in a way people preferred. For example, the plans detailed 'what is important to [name]' and this detailed key points that the person had shared. Goals and plans were included and there was a monthly progress update for these plans. We saw that some had already been achieved while others were in progress. For example, in relation to a particular type of holiday. But others, such as a day change for day centre, had been completed. We also saw that updates and reviews were completed when needed. We saw, and people told us, that people were involved in all reviews and were the key person to make and agree plans for care and support. One staff member told us, "We discuss it all the time at meetings, supervisions, any ideas a person has, [registered manager] says explore it, don't put limits on them. People are able to follow their dreams."

During the inspection we observed staff being prompt in supporting people and responding to their needs in a way that confirmed they knew people well. This included ensuring they had items around them that they enjoyed using and personal care at a time that suited them. A person who used the service told us, "I talk to my [key worker]." They went on to say that they helped them plan their care in their preferred way at times they wanted. A relative said, "There are no issues, and we go at all different times, so they don't know when we are coming and it's always the same."

The service did not provide nursing care and the registered manager told us that they had not yet needed to provide end of life care for people. However, they had prepared for it by ensuring staff had received training and people had their wishes documented in their support plans.

People were supported to participate in activities in and outside of the home which reflected hobbies, interests and preferences. We saw people enjoyed trips to the seaside, holidays, walks and shopping. People and relatives told us that staff supported people to do things that they enjoyed. One person said, "I go out if I want." They went on to tell us what they enjoyed doing when they went out. A relative told us, "They do the things [person] likes." People attended day centres and days out with family members. We also saw that some people were supported by visiting care agencies who took them out on a one to one basis. When at home there were opportunities for crafts and games. Staff knew what people enjoyed and facilitated this. People had individual monthly activity plans which they devised at their monthly one to one meetings so they knew what they had coming up.

People had become involved in planning and participating in events, some used as fundraising events to embellish resources for people. A recent event was a fete where stalls were held and manned by people who used the service. The registered manager told us people who lived locally attended and enjoyed spending time with people living at the service. They said it was nice to get to know people and people living at the home and staff could reach out to them if they needed any support with events in the future. People and staff were in the process of planning a Christmas event. The local school also visited the home. There were plans for people and the visiting children to make memory boxes to keep in the home. The registered manager told us that these events to help people feel a part of the community but also change public

perception of what it is like for people living in care services.

There had been no recent complaints received. Complaints and minor concerns raised previously had been fully investigated. However, we discussed with the registered manager the benefit of maintaining a record of the response to the complainant. People and relatives told us that they knew how to raise concerns but had not needed to. One person said, "I have a voice and I would soon tell them." A relative told us, "I can't think of a single thing I have had an issue with but if I did I would call them up and I am certain it would be immediately sorted." We saw that the complaints process was in a pictorial format to help people understand how to make a complaint and staff had sat with people helping to ensure they understand the complaints process should they need to use it

## Is the service well-led?

### Our findings

The registered manager was well known throughout the home and people told us they liked them. We noted that they provided support to people and knew people well. They had recently taken a new post with the provider and people told us they were sad to see her go. One person said jokingly, "I'm not going to let her go." The registered manager told us that there had already been a replacement from within the organisation appointed and they would be having a handover period of a month. The new post the registered manager was taking meant that they would still visit the home and implement new ideas to help continuously improve the quality of the service. This included some people being offered the chance to be part of a quality team and focus groups, which they had used previously.

Staff were positive about the registered manager. One staff member said, "[Name] has a total open door policy and I can speak to her about anything." Relatives were also positive about how the service was run. One relative said, "We were so lucky that they had a space when we needed it, I can't think of one thing that needs improving, it's fantastic." The registered manager told us how they were working with the provider to develop ways to show staff how valued they were. There were plans to hold an awards event to highlight and share good practice and innovative ideas staff had delivered to the homes that had impacted positively on people's lives. Staff told us that they learnt good practice and standards from the registered manager. One staff member said, "We follow the lead of the manager." They went on to say that the registered manager observed and supported them to ensure that they worked in a person centred way.

There were quality assurance systems in place. These were used consistently and appropriately. As a result any issues found were addressed. For example, gaps in recording, medicine errors and health and safety updates.

There was a regular regional manager visit and they completed audits to ensure the home was working well. We saw that actions arising from these visits were shared with the home manager and these were dated when completed.

People were involved in the running of the home and asked for their views and suggestions. One person told us, "I can put my views in the (suggestion) box over there (gestured to the reception area)." There had been a survey completed and we saw that the feedback on those held at the home were positive. The responses were collated and then they produced an action plan to cover any improvements or suggestions. Meetings had recently changed from group meetings to one to one meetings. This was done through consultation with people and suggested after staff felt some people were not comfortable speaking up in a large group. Everyone shared with staff that they felt able to speak more freely on a one to one basis and the registered manager said that this made them more confident that people's views were more valuable and accurate. Suggestions from meetings and surveys included a request for new furniture in the garden. This was listened to and acted upon. We also noted that the business plan for the home was completed in pictorial format to help keep people informed. This included refurbishment in the home and training plans for staff. This helped to ensure that the people at the heart of the home were involved in important decisions about the home.

The service worked in partnership with other agencies to help ensure people received the appropriate support and information was up to date. For example, they worked with the local authority to provide additional training to staff. They shared any events or concerns, including any safeguarding concerns and queries, with the local authority who commissioned care services for people and had worked through a previous action plan. This included how they managed complaints. The service was also working with a local provider's association to introduce further champions in the home in key areas.

There were regular team meetings where the staff discussed changes to practice and any issues. The meetings included information to help staff remain informed about changes to the home and future plans. One staff member told us, "There's always something new to learn and discuss. We (team and provider) have started a few new things as a result." They went on to tell us about dignity day and changes to people's meetings.

Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain events that happen in or affect the service. The registered manager had informed the CQC of significant events in a timely way which meant we could check that appropriate action had been taken.