Omega Elifar Limited

19 Forrest Road

Inspection report

19 Forest Road
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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

The inspection took place on 3 May 2018 and was announced. 19 Forrest Road is registered to provide accommodation without nursing for up to six younger adults with a learning disability or who may experience autism. At the time of the inspection there were five people living at the service.

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.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good overall.

Why the service is rated Good:

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection in March 2016 we found a breach of Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed. The service had not consistently conducted sufficient checks to ensure prospective staff were safe to work with vulnerable people. At this inspection we found action had been taken and improvements made.

The service had robust recruitment procedures in place and conducted background checks of all prospective staff. References were obtained and criminal background checks were recorded ensuring staff were suitable for their roles.

People remained safe living in the service. There were sufficient staff to meet people's needs and staff had time to spend with people. Risk assessments were carried out and promoted positive risk taking which enabled people to live their lives as they chose. People received their medicines safely.

People continued to receive effective care from staff who had the skills and knowledge to support them and meet their needs. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the procedures in the service supported this practice. People were supported to access health professionals when needed and staff worked closely with people's GPs to ensure their health and well-being was monitored. People's nutritional needs were met.

The service continued to provide support in a caring way. Staff supported people with kindness and compassion. Staff respected people as individuals and treated them with dignity. People were involved in decisions about their care needs and the support they required to meet those needs.

People had access to information about their care and staff supported people in their preferred method of communication. Staff also provided people with emotional support.

The service continued to be responsive to people's needs and ensured people were supported in a personalised way. People's changing needs were responded to promptly and their views were sought and acted upon.

The service was well led by a registered manager who promoted a service that put people at the forefront of all the service did. There was a positive culture that valued people, relatives and staff and promoted a caring ethos. The service had strong links with the local community.

The registered manager monitored the quality of the service and strived for continuous improvement. There was a very clear vision to deliver high quality care and support and promote a positive culture that was person-centred, open and inclusive. This achieved positive outcomes for people and contributed to their quality of life. The registered manager was robustly supported by the operations manager.

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 has improved to Good

The service had robust recruitment procedures in place.

People were safe. Staff were aware of their responsibilities to report concerns relating to abuse.

There were sufficient staff deployed to support people safely.

Is the service effective?

Good

The service remains Good

Is the service caring?

Good

The service remains Good

Is the service responsive?

Good

The service remains Good

Is the service well-led?

Good

The service remains Good

19 Forrest Road

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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 3 May 2018. It was an announced inspection. We told the provider two days before our visit that we would be coming. We did this because some people may be anxious with strangers in their home and this would give staff time to inform and prepare them for our visit.

This inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give us key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR and notifications we had received. A notification is information about important events which the provider is required to tell us about in law.

We spoke with four people, three relatives, three care staff, the operations manager and the registered manager. We looked at four people's care records, four staff files and medicine administration records. We also looked at a range of records relating to the management of the service. The methods we used to gather information included pathway tracking, which is capturing the experiences of a sample of people by following a person's route through the service and getting their views on their care.

Good

Is the service safe?

Our findings

At the last inspection in March 2016 we found a breach of Regulation 19 HSCA RA Regulations 2014 'Fit and proper persons employed'. The service had not consistently conducted sufficient checks to ensure prospective staff were safe to work with vulnerable people. At this inspection we found action had been taken and improvements made.

The service had robust recruitment procedures in place and conducted background checks of all prospective staff. References were obtained and criminal background checks were recorded ensuring staff were suitable for their roles. Staff work histories were investigated and any gaps in work histories explained. Staff checks also covered identity, a medical declaration and, where appropriate, permission to work in the UK. All recruitment records we saw were complete and accurate.

People continued to feel safe. People's comments included; "I am safe here, they help me stay safe by talking to me about the right way. They show me and I feel safe", "I don't worry here at all. They look after me and my things" and "I can live safely here. I do not worry I may hurt myself anymore".

Relatives told us people were safe. Their comments included; "I have no doubts over safety. It is all manage so well and sensitively. Everything is looked after and she is well cared for", "The safety has never been an issue, I do not need to worry about any of that. It is so reassuring" and "His safety has never been an issue. They are methodical and everything is risk assessed specifically for him".

Staff had received training in safeguarding adults and understood their responsibilities to identify and report any concerns. Staff were confident that action would be taken if they raised any concerns relating to potential abuse. Staff comments included; "I'd tell the manager, the police and CQC (Care Quality Commission)" and "I'd go to the manager and record everything. I'd also call safeguarding". There were safeguarding procedures in place and records showed that all concerns had been taken seriously, fully investigated and appropriate action taken.

There were sufficient staff on duty to meet people's needs. Staff were not rushed in their duties and had time to sit and chat with people. On the day of our inspection there were five staff deployed. This meant people could enjoy one to one care when needed. One person said, "I have a bell in my room. I never use it because I know I can come down or call out. If it was an emergency I would use the bell and I know they would come right away". One staff member said, "There's plenty of staff, we usually have more than enough on duty".

Risks to people were identified and recorded in their care plans. People were able to move freely about the building and there were systems in place to manage risks relating to people's individual needs. For example, where people were at risk of choking, measures were in place to manage the risk. Guidance had been sought from healthcare professionals and staff were aware of, and followed this guidance.

Medicines were managed safely. Records relating to the administration of medicines were accurate and complete. Staff responsible for the administration of medicines had completed training and their

competency was assessed regularly to ensure they had the skills and knowledge to administer medicines safely. One person told us, "I know all my tablets and why I have them. They are always [administered] at the same time". One staff member told us, "I've just qualified, I have been trained and my competency was observed. Records confirmed staff's competency to administer medicine was regularly checked.

Accidents and incidents were recorded and investigated. They were also analysed to see if people's care needed to be reviewed. Reviews of people's care included referrals to appropriate healthcare professionals. Where appropriate changes were made to care plans and procedures. For example, during one fire alarm test one person absconded when the doors automatically opened. Following an investigation staff were deployed at all exits to prevent people leaving the home during fire alarm tests.

People were protected from the risk of infection. Infection control policies and procedures were in place and we observed staff following safe practice. Colour coded equipment was used along with personal protective equipment (PPE). The building was clean and free from malodours. One staff member told us, "We have plenty of gloves and aprons and our cleaning equipment is all colour coded to prevent cross infection".

Good

Is the service effective?

Our findings

The service continued to provide effective care and support to people. People were supported by staff who had the skills and knowledge to meet their needs. New staff completed an induction to ensure they had appropriate skills and were confident to support people effectively. One relative said, "They are very well trained and know everyone very well. They spend a lot of individual time with residents and their families and I feel they know us very well and this is encouraged in her care. They talk about families and our different roles in her life".

Staff told us and records confirmed that staff received support through regular one to one meetings with their line manager, spot checks and training. Staff training records were maintained and we saw planned training was up to date. Where training was required we saw training events had been booked. Staff also had further training opportunities. One staff member said, "I am being supported to take [national qualification] to help further my career".

People's needs were assessed prior to their admission to ensure their care needs could be met in line with current guidance and best practice. This included people's preferences relating to their care and communication needs. For example, one person used an 'emotion picture chart' to indicate to staff how they felt. Staff we spoke with were knowledgeable about this person's communication methods and the person's care plan provided staff with information and guidance relating to their communication needs.

Staff sought people's consent. Throughout our visit we observed staff seeking consent before supporting people. For example, one person was colouring in pictures. A staff member asked if it was alright to look at their work. The person agreed and the staff member looked at the picture and praised the person who beamed at this response. One person told us, "They always ask if they can help me to do things like putting important things in safe places".

People were supported in line with the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. Staff had received training and understood how to support people in line with the principles of the Act. One staff member said, "This is whether a person can make specific decisions. If we have to decide for them we must always consider their best interests".

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had a clear understanding of DoLS. At the time of our inspection no one at the service was subject to a DoLS authorisation.

People's nutritional needs were met. Details of people's needs were held in their care plans and included any special needs, allergies and preferences. A weekly menu was displayed, chosen by people. However, staff told us if people decided to eat something different they would be accommodation as far as possible.

Where appropriate, people were encouraged to help prepare meals and snacks. One person spoke with about food. They said, "I help with cooking on Friday's. We have a rota and we help each other. The food is nice and we choose the weekly menu together. If you don't want something we can have something else like a sandwich, potato, soup. Anything really, we can help ourselves too".

People were supported to maintain good health. Various health professionals were involved in assessing, planning and evaluating people's care and treatment. Visits by healthcare professionals, assessments and referrals were all recorded in people's care plans.

People's rooms were personalised with furniture, soft furnishing, toys and belongings. The home was spacious with wide, wheelchair friendly corridors with unrestricted access to a large, secure garden area.

Good

Is the service caring?

Our findings

The service continued to provide a caring service to people who benefitted from meaningful relationships with the staff. People's comments included; "They are really nice and help me to work things out for myself. If I'm worried about not going home they explain things to me and ask if that is okay" and "They are very caring and kind to us". A relative told us, "They are wonderful and sensitive to our needs as a family. I feel they support me as much as they support my daughter"

People were supported by a dedicated staff team who had genuine warmth and affection for people. Staff comments included: "We have caring relationships with people, I really enjoy my job. It can be sometimes challenging but I love it". This showed staff demonstrated and promoted a caring approach.

People were involved in their care. Care plans contained documents stating people, and their relatives had been involved in the creation of their support plans and reviews of care. Throughout our inspection we observed staff involving people in their care. One staff member said, "I talk to them, show them and involve them".

People's independence was promoted. Care plans guided staff to support people to remain independent. One person's care plan highlighted the person could 'dress independently'. Another stated 'I can put on my own shoes but I can't tie the laces'. We spoke with staff about promoting people's independence. Staff comments included; "I let them do what they can, I give choices and support their decisions".

People were treated with dignity and respect. When staff spoke about people with us or amongst themselves they were respectful and they displayed genuine affection. Language used in care plans was respectful. People were addressed by their preferred names and staff knocked on people's doors before entering. Throughout the inspection we observed staff treating people with dignity, respect and compassion. One person said, "I have privacy when I want it and they always ask if they can come into my room".

People received emotional support. During our visit the registered manager had to give some news to a person who found this news upsetting. The registered manager spent at least 40 minutes talking to and consoling the person. Finally, after some tears and lots of cuddles the person accepted the news and happily returned to their activity. There was a clear bond between this person and the registered manager and throughout our visit we saw these emotional bonds displayed between other people and staff.

People's personal and medical information was protected. The provider's policy and procedures on confidentiality were available to people, relatives and staff. Care plans and other personal records were stored securely.

Good

Is the service responsive?

Our findings

The service continued to be responsive. Care records contained details of people's personal histories, likes, dislikes and preferences and included people's preferred names, interests, hobbies and religious needs. Staff were aware of, and respected people's preferences.

Staff treated people as individuals. For example, one person could present behaviours that may challenge others. The care plan contained information about the triggers to this behaviour and listed strategies to prevent or de-escalate any behaviours. For example, 'please keep me engaged in activities and interact with me'. This personalised guidance meant staff were equipped to effectively deal with and respond to this person as an individual.

People's diverse needs were respected. Discussion with the registered manager showed that the service respected people's differences and ensured people were treated equally. The provider's equality and diversity policy supported this culture. One staff member said, "These people are all different so we treat them all as individuals".

People had access to information in a way that was accessible to them. For example, one person wore glasses. Staff were guided to 'ensure glasses are clean and in good condition'. During our visit we saw staff checking and cleaning this person's glasses. Information on notice boards was published in easy read formats to enable people to understand the information. For example, the provider's complaints procedure was display in picture form and described the complete complaints procedure.

The service had systems in place to record, investigate and resolve complaints. Four complaints were recorded since our last inspection and all had been dealt with compassionately in line with the policy. As already stated, the complaints policy was displayed in the building. One person said, "[Registered manager] is in charge so I would tell her and walk in her office".

At the time of our inspection, no one was receiving end of life care. The registered manager told us that due to people's young age it was inappropriate to discuss end of life whilst people were enjoying good health.

People were offered a range of activities they could engage in. Within the home people engaged in games, art, reading and personal time. People also engaged in activities outside of the home. For example, during our visit four of the five people went out to attend activities such as day groups and exercise classes. People regularly visited the shops and local places of interest. We were told one person went on holiday every year with the operations manager as part of a mutual, long standing agreement. Activities were linked to people's preferences recorded in their care plans.

People told us about activities. Comments included; "I like the movies and went to watch a horror film that I chose. I like shopping for clothes and make up and painting my nails. I like all girl things and visiting toy shops and I like trips to places like Bird world and the Greyhound walk a dog Centre. We do so much and I can choose if I do it or not" and "I like going to farms and cafes and we plan this together and two people

come. Visitors can come anytime and I love them coming". One relative commented, "They do amazing outings, concerts, theme parks and they have mentioned holidays. It is such a stimulating environment in and outside the home and we can be as involved as we like"

Good

Is the service well-led?

Our findings

The service was well led. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their relatives spoke about the registered manager and the service. Their comments included; "I know who is in charge and also who is in charge of them", "She [registered manager] is approachable and kind and welcomes you and your feedback anytime", "She gets things done and is proactive" and "She [registered manager] has a relaxed approach, they all do and I think it is wonderful".

We saw the registered manager and the operations manager talking with people during our inspection. People clearly knew the management team and spoke with them with confidence in a relaxed and familiar manner. Both the registered manager and the operations manager knew people's names and spoke with them respectfully, showing genuine affection. These interactions produced lots of smiles, laughter and appropriate humour.

Staff told us they had confidence in the service and felt it was well managed. Comments included; "[Registered manager] is nice, easy to talk to and supportive. From what I can see this service is well run" and "She [registered manager] is fantastic and very supportive. She is always prepared to muck in with the staff. Yes this is well run".

The service had a positive culture that was open and honest. Throughout our visit management and staff were keen to demonstrate their practices and gave unlimited access to documents and records. Both the operations manager and the registered manager spoke openly and honestly about the service and the challenges they faced. Staff told us they felt the service was open and honest. One staff member said, "What you see here is what you get, care".

The registered manager monitored the quality of service provided. Regular audits were conducted to monitor and assess procedures and systems. Audits covered all aspects of care and were modelled on the five domains used in CQC inspections. This allowed the service to match the audit results against our inspection criteria. Audit results were analysed and resulted in identified actions to improve the service. For example, one audit identified people's needs had increased and a 'higher staff ratio' was required to meet those needs. The registered manager took action and the staff ratio was increased meeting people's needs.

The service sought people's opinions through surveys, meetings and care reviews. Where people raised issues or made suggestions records confirmed these were followed up. For example, following one meeting people wanted to review the menu and this was subsequently reviewed and updated.

The registered manager worked in partnership with external agencies such as GPs, district nurses, social services and the local authority. They were also a member of the Hampshire Care Association. And the

Petersfield Society for Disabled. The registered manager told us, "This helps keep me up to date with legislation and provides extra activities opportunities".

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.