

Ormerod Home Trust Limited (The) The Ormerod Home Trust Limited - 2 Headroomgate Road

Inspection report

2 Headroomgate Road
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14 December 2018
20 December 2018

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection visit took place on 7 and 14 December 2018. Day one was unannounced, day two was announced. Feedback was provided to the management team on 20 December 2018.

The Ormerod Home Trust Limited - 2 Headroomgate Road provides support to adults with a learning disability across the Fylde, Blackpool, and Wyre areas of Lancashire. People's support is based on their individual needs and can range from 24-hour care within a supported living environment to a set number of visits each week from the domiciliary service. The service provides personal care to people living alone or with family or friends in their own houses. It provides personal care and support to people so they can be as independent as possible. The supported living scheme enables people with a learning disability to live in supported accommodation. People have their own tenancies, with the properties being owned by different housing associations. The landlords are responsible for the maintenance and up keep of the individual properties.

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. For example, we saw the location of people's homes enabled people to have easy access to health and social care services and the option to be a part of their local community.

People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living or domiciliary care; this inspection looked at people's personal care and support.

At the time of our inspection visit, The Ormerod Home Trust Limited - 2 Headroomgate Road supported 70 adults with a learning disability in supported housing and 45 adults who received domiciliary care.

There was a registered manager in place. A registered manager is a person who has registered with 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 2008 and associated Regulations about how the service is run. Having a registered manager is a condition of registration with CQC. The registered manager was not present during the inspection. An additional registered manager who was present for part of the inspection became registered with CQC during the inspection visits.

We carried out this comprehensive inspection because of a significant number of concerns and safeguarding matters about the care and management of the service. We assessed if there were ongoing regulatory risks to people who used the service. The service was working openly and transparently with the authorities whilst investigations were undertaken.

At our last inspection in December 2017 we rated the service good. At this inspection we found the service

had changed to a rating of requires improvement.

Procedures were in place and staff told us they knew what to do if they saw poor practice or potential abuse. However, safeguarding/disciplinary practices did not always protect people from harm. Safeguarding alerts had been raised and investigated but the service had not always taken appropriate action. This increased risks to people supported.

This was a breach of Regulation 13.2 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider had failed to ensure safeguarding processes were operated effectively to prevent the risk of abuse of service users.

Governance was not always effective. Although quality monitoring was carried out, the senior Management Team did not always receive sufficient or timely overviews of accident/incidents, complaints, audits or actions taken. This reduced their knowledge and the effectiveness of the service.

This was a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider had failed to ensure systems or processes were operated effectively to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk.

A number of concerns had been raised with the senior management about communication and care. We were shown evidence of action taken, and in progress by the senior management to address concerns that had been brought to their attention. People were complimentary in the main about communication from staff. However, one relative told us communication was starting to improve although they did not always get consistent responses from the office.

Recruitment and selection checks had been carried out before new staff could start working for the service so the risk of unsuitable staff was minimised. However, we recommended that the service develop risk assessments to reflect staff medical conditions to improve safe working.

Although there had been a turnover of staff people told us they were usually supported by the same group of staff who they knew. They told us they were familiar with their needs and preferences. We had received comments regarding problems with staffing. We did not see this on inspection but recommended frequent reviews of staffing to ensure sufficient levels of skilled and experienced staff were employed.

Staff had received training in most areas about how to care for people which assisted them in carrying out their roles. However not all staff working with people whose behaviour could challenge, had completed positive behaviour training and one person did not have guidance for supporting them when they had behaviour that challenged.

Risk assessments were in place for almost all care records checked. This provided guidance for staff and assisted in supporting people safely. Staff supported people with and managed medicines in accordance with medicines guidance. People we spoke with told us staff supported them with medicines as prescribed. We saw all except one supported house carried out weekly monitoring audits of medicines. Staff in one house had not completed these for several weeks which meant errors or omissions in that house may have gone unnoticed.

People supported and their relatives told us staff supported them or their family member in a friendly and caring way. One person said, "All my staff are very polite and friendly." A relative told us, "We have some fantastic carers. They are very diligent and know [family member] well."

Staff supported people to get involved in shopping and preparation of a nutritious dietary and fluid intake and staff had completed food safety training. There were safe infection control procedures and practices and staff had received infection control training. Staff wore protective clothing such as gloves and aprons when needed. This reduced the risk of infection.

Care plans were in place detailing how people wished to be supported. People who received support where possible or their relatives had been involved in making decisions about their care.

Staff understood the requirements of the Mental Capacity Act (2005). People who received support consented to care where they were able. Where people lacked capacity, appropriate best interests' decisions were carried out.

People we spoke with knew how to raise a concern or to make a complaint. The complaints procedure was available to them and they told us any concerns were listened to and acted upon. People supported and their relatives said they were encouraged to give their opinions about the quality of care. They told us they were satisfied with the support they received.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Staff knew what to do if they suspected or observed safeguarding concern but once investigated, safeguarding actions had not always been followed correctly putting people at risk of harm

Care records seen did not always document guidance for behaviour that challenged to maintain people's safety and well-being.

There had been mixed views about staffing levels and skill mix before the inspection. There were sufficient staff on the inspection, however, we recommended regular staffing reviews

Medicines were usually managed and monitored safely.

There were suitable infection control practices in place.

Requires Improvement ●

Is the service effective?

The service was effective.

People received a choice and variety of meals and drinks to meet their needs.

People were supported by staff who usually had training to aid their skills and development.

Staff referred people to health professionals promptly and supported them to attend health appointments.

Staff were aware of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguard (DoLS) and considered each person's capacity to make specific decisions.

Good ●

Is the service caring?

The service was caring

People said they were happy and comfortable and said staff were patient and kind.

Good ●

Staff were polite and respectful when interacting with people.

Staff understood the importance of protecting and respecting people's human rights and diverse needs.

Is the service responsive?

Good ●

The service was responsive.

People who spoke with us told us staff took their or their family member's preferences into account when providing care and support.

People were aware of how to complain if they needed to and felt able to do so.

People's had been supported to make advanced plans for care and support.

Is the service well-led?

Requires Improvement ●

The service was not always well led

Governance was not always effective. The senior management team did not always receive sufficient or timely overviews of accident/incidents, complaints and audits or of actions taken.

The service had recently made changes to the structure of the management team to assist with providing sufficient, clear lines of responsibility and accountability.

The management team sought the views of people in a variety of ways including meetings, surveys and informal chats. People said they were satisfied with the care and support provided.

The Ormerod Home Trust Limited - 2 Headroomgate Road

Detailed findings

Background to this inspection

We carried out this comprehensive inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 comprehensive inspection visit took place on 7 and 14 December 2018 and feedback on 20 December 2018. Day one was unannounced and day two and feedback were announced.

The inspection team consisted of an adult social care inspection manager and five adult social care inspectors on day one and an adult social care inspection manager and adult social care inspector on day two.

We carried out this comprehensive inspection because of a significant number of concerns and safeguarding matters about the care and management of the service. We assessed if there were ongoing regulatory risks to people who used the service. Before our inspection we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affected the health, safety and welfare of people the service supported. Also, information concerning the care and welfare of people who used the service.

We contacted the commissioning department at Blackpool council, Lancashire County Council and Healthwatch Lancashire. Healthwatch Lancashire is an independent consumer champions for health and social care. This helped us to gain a balanced overview of what people experienced accessing the service.

As part of the inspection we used information the provider sent us in their last Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with a range of people about the service. They included seventeen people who lived in supported houses or received domiciliary care visits and four relatives of people who received care and support. We also spoke with the Chief executive and three members of the management team and fourteen care staff. We visited five supported houses, talked with people attending the day services who lived in supported houses and people who received domiciliary visits. We visited the office location, looked at seven care records and risk assessments and the medicines information of twelve people, staff recruitment and supervision records of three staff. Staff training matrix and staff and service user rotas. We looked at records relating to the management of the service and quality assurance monitoring.

Is the service safe?

Our findings

There were procedures in place and staff told us they knew what to do if they saw poor practice or potential abuse. There had been a significant number of concerns and safeguarding issues raised in recent months both by the organisation and externally. Some of these had not been concluded. The registered manager had taken action to keep people safe in response to these.

During the inspection we reviewed how safeguarding matters were being dealt with by the provider. We saw on a number of occasions appropriate actions had been taken to reduce risks but on three occasions actions had not been followed correctly. Therefore, placing people at risk of harm. We discussed this in depth with the provider.

This was a breach of Regulation 13.2 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider had failed to ensure safeguarding processes were operated effectively to prevent the risk of abuse of service users.

We looked at the recruitment procedures and recruitment information for three staff. Recruitment checks were completed before people worked with service users, so the risk of unsuitable staff was minimised. Risk assessments for follow up on information provided during recruitment were in place. However, risk assessments relating to medical conditions were not always completed.

We recommend that the service develop risk assessments to reflect staff medical conditions to improve safe working.

Although there had been a turnover of staff people told us they were usually supported by the same group of staff who they knew. They told us they were familiar with their needs and preferences. We had received comments regarding problems with staffing before the inspection. We did not see this during the inspection or on the rota's checked and senior managers told us they carried out frequent staffing reviews. However, we have made a recommendation that staffing levels are kept under review to ensure sufficient numbers of staff are available with the right skill mix to support people's care needs.

We recommend frequent reviews of staffing continue to ensure sufficient levels of skilled and experienced staff were employed.

We saw care plans in supported houses were semi pictorial or in the process of changing to semi pictorial. There were assessments in place to identify potential risk of accidents and harm to staff and people in their care. These provided instructions and guidance for staff, assisted them in providing the right care and minimised risks to people. Risks had been kept under review. We looked at seven care files. These guided staff in the best way to manage any behaviours that challenged. All but one had positive behaviour managements plans or strategies for managing a behaviour that challenged and risk assessments in place. One person did not have these plans in place. We saw evidence of instances where staff had not supported the person effectively when they demonstrated behaviour that challenged.

We recommend relevant care support guidance is updated promptly to include all necessary information.

We looked at the procedures the service had in place for assisting people with their medicines. When we

checked medicines, we saw the arrangements for these were personalised. Staff told us they prompted people or administered their medicines. Records we checked were complete and staff received medicines training and competency checks. Medicines audits were carried out weekly in the supported houses but we saw they had not been carried out in one house for several weeks. This increased the risk of errors or omissions in that house going unnoticed.

We looked at how accidents and incidents were managed by the service. We found some were reviewed to see if lessons could be learnt but detailed information was not consistently passed to senior staff promptly. There were procedures in place for dealing with emergencies and unexpected events. People had contact details for the on-call rota that they could use in emergencies or if they had unexpected additional support needs.

Staff had received infection control training and understood their responsibilities in relation to infection control and hygiene. They used personal protective clothing such as disposable gloves and aprons if providing personal care.

Is the service effective?

Our findings

People told us they were involved in shopping for and cooking their food with staff support and were encouraged to choose foods they enjoyed. One person told us, "We have nice meals here. I enjoy them." Care plans seen confirmed people's dietary needs for health or culture had been assessed and any support they required with their nutrition documented. Staff spoken with during our inspection confirmed they had received training in food safety and were aware of safe food handling practices.

We spoke with seventeen staff and looked at training records. We saw and staff told us they had an informative face to face induction and e-learning training that was relevant to the care needs of the people they supported. A relative told us staff were competent and knew what they were doing. One group of staff had received informative personalised training to support a person with behaviour that challenged. However, staff in other parts of the service, working with people whose behaviour could challenge, had not completed this training and did not have written guidance. We saw some staff had supported people ineffectively when accessing the community.

The service provided equality and diversity training to all staff as part of their induction and this was refreshed annually. Senior staff said the training taught staff to respect people's individual beliefs including religion, culture and sexuality. This confirmed the service had the knowledge to create a positive and inclusive environment.

Care plan records confirmed an assessment of people's needs had been completed before the person started to receive care. Following the assessment, the service in consultation with the person and their family had produced a plan of care for staff to follow. These had been kept under review to ensure the information was up to date and appropriate.

People's healthcare needs continued to be carefully monitored and discussed with the person as part of the care planning process. Staff liaised with other professionals and shared information to assist with care and treatment. People told us staff talked with them about their care and supported them to see GP's, district nurses, opticians and other healthcare professionals promptly as needed. Care records seen demonstrated input from staff was informative and noted any changes in health. Staff shared information about people's health needs with other professionals as appropriate, so that the right care or treatment could be provided.

We looked at how the service gained people's consent to care and treatment in line with the Mental Capacity Act (MCA). People said staff checked they agreed for them to provide care and support. Care records seen confirmed this. We saw people's mental capacity had been considered for specific decisions and was documented in their care records. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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.

Staff told us and records confirmed they received regular formal supervision where they discussed their

work and development with their manager. Staff were encouraged to discuss ideas and any concerns, their training needs and any support they needed in their role. They felt this made them more effective carers.

We saw evidence the provider was referencing current legislation, standards and evidence based on guidance to achieve effective outcomes. This supported the service to assist staff to provide care which met people's needs and protected their rights.

Is the service caring?

Our findings

People supported and their relatives told us staff assisted them or their family member in a helpful and caring way. They said they were supported by the same group of staff who they knew and liked. One person said, "All my staff are very polite and friendly." A relative told us, "We have some fantastic carers. They are very diligent and know [family member] well." People said they were pleased with the support they or their family member received. One person said, "I like [staff] and I think they like me. They always seem pleased to see me." A relative said, "We are so grateful to the Ormerod. The staff are fabulous." Another relative said, "The staff we have are second to none. They go over and above what they need to do for [family member]." We observed positive and caring interactions between staff and people who they supported.

Staff we spoke with had a sensitive and caring approach when talking about the people they supported. They understood the importance of protecting and respecting people's human rights. Staff talked with us about the importance of supporting people's different and diverse needs. This included checks of protected characteristics as defined under the Equality Act 2010, such as their religion, disability, cultural background and sexual orientation. Care records seen had documented people's preferences and information about their backgrounds and considered the support needed to maintain their individuality, independence and live a meaningful life.

Care plans seen and discussion with people and their relatives confirmed they had been involved in the care planning process. The plans contained information about people's wishes and preferences as well as for their individual care needs.

We spoke with staff about access to advocacy services should people require their guidance and support. There were information details for people and their families if this was needed. Advocacy services offered independent assistance to people if they wanted them to act on their behalf or give support to make decisions about what was important to them.

Before our inspection visit we received information from external agencies about the service. They included the commissioning departments at the Blackpool and Lancashire local authority. They said there had been a number of safeguardings and concerns raised in the last year. They felt the management team were helpful and cooperative with any requests for information or investigations. Although they told us responses for information were sometimes slow until dealt with by the registered manager.

Is the service responsive?

Our findings

People who spoke with us told us staff took their or their family member's preferences into account when providing care. They told us staff listened and encouraged them to make choices and decisions about their care and support where they could do so. People frequently went out on different activities of their choice. They told us staff always stayed their allocated time, didn't miss visits and told them if they might be late. One person said, "My staff always stay for as long as I need them and help me with my jobs." Another person said, "I know they will always come even if they are a bit late." A relative told us "We have a phenomenal team of staff at present, but they don't seem to get enough travel time and they move on a lot, which is so sad."

We looked at seven people's care records. Care plans seen confirmed the assessment identified people's needs. We checked the arrangements the service had taken to identify, record and meet people's communication and support needs. We saw staff assessed and identified people's communication needs and preferences to help them provide appropriate support. Where people used communication aids and other technology staff made sure they were familiar with these. Care records were informative and personalised. They provided guidance on how staff were to support people with their daily routines and personal care needs. All except one had guidance on managing behaviour that challenged. We saw care plans were regularly reviewed and updated in response to any changes in care or circumstances.

The service had a complaints procedure which was made available to people they supported and their family members. The procedure was clear in explaining how to complain and available in easy read format. People we spoke with told us knew how to make a complaint and felt any concerns would be responded to appropriately. People spoken with said they had no complaints but would feel confident discussing any concerns with their staff team.

People's end of life wishes had been recorded so staff were aware of these. Staff supported people who were heading towards end of life so they could remain in their home with familiar people.

Is the service well-led?

Our findings

The organisation had systems and procedures in place to monitor and assess the quality of their service. Audits were usually carried out in the supported houses and sent into the office. However, governance was not always effective. The senior management team did not always receive sufficient or timely overviews of accident/incidents, complaints and audits or of actions taken. This reduced their knowledge and effectiveness of the service to see if lessons could be learnt. Safeguarding/disciplinary practices had not always protected people from harm. Safeguarding alerts had been raised and investigated but the service had not always taken appropriate action. This placed people at risk of harm.

This was a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider had failed to ensure systems or processes were operated effectively to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk.

A number of concerns had been raised with the senior management about communication and care. We were shown evidence of action taken, and in progress by the senior management to address concerns that had been brought to their attention. One relative told us communication was starting to improve but they did not always get consistent responses from the office.

The service had recently made changes to the structure of the management team to assist with providing sufficient, clear lines of responsibility and accountability. People understood the changes in their roles and were aware there may be further changes.

When we last inspected. The Ormerod Home Trust Limited - 2 Headroomgate Road had announced it would be merging with another local supported living provider. The chief executive told us the planned merger was expected to begin in April 2019. People were aware of this and felt they had been kept up to date. No one expressed any concerns about this during the inspection.

The management team sought the views of people in a variety of ways including meetings, surveys and informal chats. These confirmed people were satisfied with the standard of care and support provided. One person said, "I can talk to [senior staff] whenever I come here [day centre and office]." A relative told us, "I am pleased with the increase in involvement and willingness to listen."

Staff told us they felt supported by the management team and could speak with the managers and office based staff when they needed to. They felt they could contribute to the way the service ran through staff meetings, training and supervisions. They said they received sufficient information so they could keep up to date with any news or changes in care. Staff spoken with told us The Ormerod Home Trust Limited - 2 Headroomgate Road was a good place to work.

The service worked in partnership with other organisations to make sure they followed current practice. This assisted them in their care practice. These included healthcare professionals such as, nurses, dieticians,

speech and language therapists. This multi-disciplinary approach had been taken to support people in their care to receive the appropriate support.

The service had on display in the reception area of their premises and their website their last CQC rating, where people could see it. This has been a legal requirement since 01 April 2015.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider had failed to ensure safeguarding processes were operated effectively to prevent the risk of abuse of service users.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to ensure systems or processes were operated effectively to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk.</p>