

Life Opportunities Trust

Firs and Hewlitt

Inspection report

The Firs and Hewlitt
Woodside Road
Abbots Langley
Hertfordshire
WD5 0HT

Tel: 01923681157
Website: www.lot-uk.org.uk

Date of inspection visit:
31 March 2016

Date of publication:
16 May 2016

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

We carried out an unannounced inspection on 31 March 2016.

Firs and Hewlitt provides accommodation and personal care for up to 13 people with learning and physical disabilities. At the time of our inspection there were seven people living in The Firs and five people living in Hewlitt and both were located next door to each other.

The service had two managers in post; one was the registered manager, while the other manager was in the process of registering with the commission. Each bungalow was managed independently from the other and the provider was in the process of registering the bungalows as independent homes. 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.

There were risk assessments in place that gave guidance to staff on how risks to people could be minimised and how to safeguard people from the risk of possible harm. People's medicines had been managed safely.

The provider had effective recruitment processes in place and there were sufficient staff to support people safely. Staff understood their roles and responsibilities and would seek people's consent before they provided any care or support. Staff received supervision and support, and had been trained to meet people's individual needs.

People were supported by caring and respectful staff who knew them well. Staff also felt that they knew the people they supported well.

People's needs had been assessed, and care plans took account of their individual needs, preferences, and choices. The service supported people with health care visits such as GP appointments, optician appointment, chiropodists and hospital visits.

The provider had a formal process for handling complaints and concerns. They encouraged feedback from people and acted on the comments received to continually improve the quality of the service. The provider also had effective quality monitoring processes in place to ensure that they were meeting the required standards of care.

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.

There was sufficient staff to meet people's individual needs safely.

People were also supported to manage their medicines safely.

There were systems in place to safeguard people from the risk of harm.

There were robust recruitment systems in place.

Is the service effective?

Good ●

The service was effective.

People's consent was sought before any care or support was provided.

People were supported by staff that had been trained to meet their individual needs.

People were supported to access health and social care services when required.

Is the service caring?

Good ●

The service was caring.

People were supported by staff that were kind, caring and friendly.

Staff understood people's individual needs and they respected their choices.

Staff respected and protected people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People's needs had been assessed and appropriate care plans were in place to meet their individual needs.

People's welfare was key and staff responded to people's changing needs quickly.

The provider routinely listened to and learned from people's experiences to improve the quality of care.

The provider had an effective system to handle complaints.

Is the service well-led?

Good ●

The service was well-led.

Staff felt valued and appropriately supported to provide a service that was safe, effective, compassionate and of high quality.

Quality monitoring audits were completed regularly and these were used effectively to drive continual improvements.

People who used the service and their relatives were enabled to routinely share their experiences of the service and their comments were acted on.

Firs and Hewlitt

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 31 March 2016 and was unannounced.

The inspection team consisted of one inspector from the Care Quality Commission.

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

During the inspection, we spoke with the registered manager and the second manager. We also spoke with three care staff, and four people who used the service. We looked at the care records of five people and the recruitment and training records for staff employed by the service. We also carried out observations how people were provided with care and support. We also reviewed information on how the provider managed complaints, and how they assessed and monitored the quality of the service.

Is the service safe?

Our findings

We asked people if they felt safe. One person said, "I feel safe". We observed people moving around the home and saw that staff ensured they had walking aids available to them and that there were no obstacles in their path. Another person said that staff tried to keep them safe. They said, "I feel safe, they help me." We observed that staff were continuously working to keep people safe when they were moving around the home. Staff told us that they kept people safe in the home and would take action to safeguard people from harm. For example, staff told us that if they knew a person was exhibiting behaviour that could put other people at risk then staff would remain close by the person to protect people from harm. If the person was to become aggressive or throw things at people then staff would be there to intervene.

The provider had up to date safeguarding and whistleblowing policies that gave guidance to staff on how to identify and report concerns they might have about people's safety. Whistleblowing is a way in which staff can report concerns within their workplace. Staff were aware of the provider's safeguarding policy and told us that they knew how to recognise and report any concerns they might have about people's safety. Staff said that if they had concerns then they would report them to the manager or if they were unavailable then they would contact external agencies such as the local authority safeguarding teams to ensure that action was taken to protect the person from harm.

Individual and general risk assessments had been undertaken in relation to people's identified support needs. The risk assessments were discussed with the person or their family member and put in place to keep people as safe as possible. Staff recorded and reported on any significant incidents or accidents that occurred and the manager investigated these. If there were lessons to be learnt from the accident or incident then this would also be actioned through changes in processes or further training. We saw examples of where people had fallen and staff had taken action to safeguard the person through the introduction of sensory mats. Where people were known not to always use their seat belts on wheelchairs and had a history of falling, staff took action and would continuously monitor and remind them on the importance of using their seatbelts. We saw that people who were at risk of seizures were regularly monitored and steps put in place to protect them. Emergency plans were also available to assist staff and emergency services with the safe evacuation of people in the event of an emergency.

Staff employed by the service had been through a robust recruitment process before they started work, to ensure they were suitable and safe to work with people who lived at the home. Records showed that all necessary checks had been undertaken and verified by the provider before each staff member began work. These included reference checks, Disclosure and Barring Service (DBS) checks and a full employment history check. This enabled the manager to confirm that staff were suitable for the role to which they were being appointed.

We observed that there was enough staff to support people safely. People we spoke with also confirmed this. We saw throughout the day that staff were available to assist people with their personal care, they took people to day centres and supported visiting professionals. We also saw that staff had the time to sit with people and draw or talk with them. We observed that call bells were rarely used but when they were, staff

responded to them quickly.

Medicines records instructed staff on how prescribed medicines should be given including medicine that should be given as and when required (PRN) and how a person should be supported. Medicines Administration Records (MARs) showed that medicines had been administered as prescribed. Medicines were stored appropriately and the home had systems in place for the re ordering and safe disposal of medicines. Staff records showed that staff were trained on the safe administration of medicines. Medicine rounds were carried out by two staff at all times and medicines were cross checked by both staff to minimise any possibility of errors.

Is the service effective?

Our findings

People received care and support from staff that were trained, skilled, experienced and knowledgeable in their roles. Staff were knowledgeable about people's care needs, and had received the necessary training to equip them for their roles. Staff told us that they were supported by the provider to gain further qualifications and training. One member of staff said that they were able to, "pick training" that they thought they needed.

The registered manager and staff told us that they were always looking to increase their knowledge base to match people's ever changing needs. We saw that staff had received training in areas such as first aid, epilepsy and dementia. Staff said that they received, "a lot of training" which was classroom based and also on-line.

Staff we spoke with told us that they had received supervision and appraisals, and records we looked at confirmed this. Staff said that supervisions gave them an opportunity to discuss any issues and concerns with the manager and they felt listened to.

Staff were able to demonstrate an understanding of how they would use their Mental Capacity Act 2005 (MCA) and Deprivation of Liberties Safeguards (DoLS) training when providing care to people. 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).

We noted that staff understood the relevant requirements of the MCA, particularly in relation to their roles and responsibilities in ensuring that people consented to their care and support. Where required applications were made for people under DoLS to the local authority for approval. Staff told us that they would always ask people for their consent before providing support. People were asked to sign their care plans and consent to the care they were provided with.

We observed throughout the day that staff asked permission from people whenever they carried out a task for them. People's care documents also showed that they had provided written consent for the all areas of care which included administration of medicines, staff entering their rooms to clean and for the use of bed rails.

Care records showed that staff supported people where possible to maintain a healthy weight. Staff encouraged people to eat well and this was further evidenced throughout the day. Menus were available in picture format to assist people in making decisions about their meals and were planned with the input of the people using the service. Staff checked what people wanted for their lunch and if they did not like what

was on the menu then an alternative was offered. One person said, "If I don't like dinner then I leave it and they get me something else."

People were encouraged to maintain their health and wellbeing through regular appointments with health care professionals. Staff would attend visits with them or arrange for professionals to attend the home. The provider kept a 'health action plan' for each person they supported which recorded people's healthcare professionals, any issues or concerns about them and action that needed to be taken to support their health and wellbeing.

Is the service caring?

Our findings

People commented positively about the staff. One person said, "Staff are nice." Another person told us, "They are very good...no trouble at all." We observed that people who were unable to speak to us were also happy in the home. We sat with one person who, although they did not talk to us, drew a picture which showed them to be happy.

Staff we spoke with had a good understanding of people's individual backgrounds, ages, likes and dislikes. Both unit managers were also knowledgeable about the people they were supporting. Staff knew people's mood states and were able to identify if someone was having a hard day. Staff said, "We read care plans so we know what makes them happy."

We saw that information about people was taken from care plans; this included how the persons may exhibit non-verbally if they were distressed. For example, on one person's plan we saw that if they were worried or anxious they may shout or try and hurt others. Staff were aware of this and the reasons behind the persons anxiety. Staff told us that they would take steps to support the person by talking to them and distracting them with activities and tasks that they enjoyed.

Staff were caring towards the people they supported. One member of staff told us, "We always show interest in what they are saying and give assurance." They said, "We talk to them about their holidays and things that make them happy." Another staff member said, "We always laugh with them and not at them, it's really important."

We observed that interactions between staff and people who used the service were kind, caring and compassionate. Throughout our inspection staff demonstrated an understanding of how to meet people's needs and understood how best to support them. For example one person was particular about the way in which they dressed when they would be staying in the home for the day and how they would dress if they knew they were going out. Staff told us that the person was very particular about this. When we spoke with the person they smiled happily and said, "They [staff] keep me respectable...this is my indoor suit I have on today."

Staff throughout our inspection showed consistent care and attention towards people. They sat with people and carried out activities and talked to them. They gave people choices and we observed that the home was calm and people were free to move about as they wished. "I'm free to move around," said one person, while another said, "If you don't want to do something, you don't have to." Staff told us that they encouraged people to do as much as they could themselves. They told us that if a person was unhappy, then they would take them out of the home to the shops for an outing to cheer them up.

Another staff member gave us an example of where they had seen that a tribute band was playing which was the favourite for one of the people they supported. Through the manager they were able to arrange for the person to attend to performance which they told us made the person very happy. We saw that the staff member was also beaming while telling us about the experience and how they felt seeing the person so

happy at seeing the performance. This showed how much the staff cared for the person they supported.

Staff respected people's privacy and dignity. One person said, "They keep us respectable." We saw that bedroom doors were kept closed when people were being provided with personal care and staff would knock before entering anyone's room. Staff told us that they encouraged people to maintain their dignity within the home and outside in the community. They said they would always ensure a person was covered and that doors were kept shut when they provided care.

People confirmed that they were involved in making decisions about their care through regular reviews, and discussions. Staff said, "People are fully involved in the planning of their care." This was evidence in people's care documents and also through discussions with them and observations. The care records we looked at showed that people were involved and supported in their own care and decisions. People said that their views were listened to and staff supported them in accordance with what had been agreed with them when planning their care. "I do what I want to....I get taken out if I want."

Is the service responsive?

Our findings

People who used the service had a variety of support needs and these had been assessed prior to being supported by the service. The managers told us that the home was able to adapt to people's changing needs. For example, if a person was unwell and staff needed additional support then they were able to call upon staff from The Firs or Hewlitt buildings to support them as they shared a 'floating' member of staff. Staff also gave us an example where a person had begun to have falls, they therefore looked at suitable equipment to support the person and were quick to bring in changes to support them further. This showed that the provider identified people's changing needs and acting quickly to support them.

People told us that they were encouraged to do activities around the home and in the community. One person said, "I like dancing and drawing... I get to do it here." Another person said, "I like colouring and cutting out." We had observed them doing this activity earlier in the day. Some people had gone to day centres while others chose what they wished to do. "If I want a walk they take me," a person told us.

We saw that appropriate care plans were in place so that people received the care they required which appropriately met their individual needs. There was clear evidence that the care provided was person centred and that the care plans reflected people's needs, choices and preferences. People's life history and relationship circles were clearly defined. Day and night routines were set out according to the person's preferences and emphasis was put on what was important to them.

People using the service and their relatives had been involved in planning their care and in the regular reviews of the care plans. The manager told us that they provided a very personal service that supported people to live a good and comfortable life. We were told and we saw that people knew the care staff and the care staff knew them well. This allowed for a very personal service which made the home a very friendly place to be. One person when talking about the care and support received said that staff, "...take their time" and did not rush to get tasks completed.

We saw that care plans and assessments changed regularly and the provider kept staff up to date with all changes to people's care plans through regular updates and staff handovers.

The provider had a complaints policy and procedure in place and people were made aware of this when they joined the service. People we spoke with knew who they needed to talk to if they had any issues or concerns. People told us that they would feel comfortable raising any concerns they might have about the care provided. We saw that the provider had documented formal complaints but also recorded minor dissatisfactions. We saw that staff recorded comments and feedback from people in this log. Comments received had included people complaining about lack of sugar in their tea, the noise of the buzzer system, and also that their tea was too sweet. We saw that between the two homes there had been one formal complaint in the past year which had been investigated and the rest had been minor dissatisfactions which had also been investigated and resolved. This showed that the provider took all feedback from people using the service seriously and tried to learn from it in order to further improve the service.

Is the service well-led?

Our findings

The service had two managers in place who were in the process of registering separately for each of the services independently. Everyone spoke highly of both the managers. One member of staff said, "[Manager] is very good...really approachable." They said the manager encouraged staff to share best practice, "They encourage us to speak up." The manager also confirmed this and told us that they encouraged their staff to, "...share best practice and learn from mistakes." They said, "We all learn from each other."

We saw that people living in the home were encouraged to go out into the community. Although both homes were separate from each other people were encouraged to meet and develop friendships. One person told us, "I have a friend in Hewlitt. I go and visit them sometimes."

The managers were fully aware of everything that was happening in the home and how each individual was feeling on the day. Staff told us that the managers were, "...involved in floor work" so were therefore aware of everything that was happening in the home.

People using the service knew who the managers were and we observed throughout the day that the managers were accessible to all, were also easy to talk to and approachable. One manager told us that they, "...work as a team." Staff told us that the managers were very supportive to them and that "if we have personal issues they are there for us."

Staff told us that the managers provided stable leadership, and a "...morale lift" when they needed it. This made it possible for them to provide good care to people who used the service. They said that the managers were approachable and, "...encouraged" them raise concerns.

Staff knew their roles and responsibilities well and felt involved in the development of the service. They were given opportunities to suggest changes in the way things were done through regular team and supervision meetings.

The management and staff demonstrated open and transparent culture throughout. Staff told us that it was a good home to work in and they were supported in their development. They were asked what was important to them, which made them feel valued as an employee.

There was evidence that the provider worked in partnership with people and their relatives. This meant that they had the feedback they required to provide a service that met people's needs and expectations, and was continually improving. The provider regularly sought people's views about the quality of the care.

The provider completed a number of quality audits on a regular basis to assess the quality of the service provided. These included checking people's care records and staff files to ensure that they contained the necessary information and that this was up to date. We found that they had kept robust, up to date records that reflected the service provided at the time of our inspection. The registered manager and the unit manager both understood their responsibility to report to us any issues they were required to report as part

of the registration conditions and we noted that this had been done in a timely manner. Records were stored securely and were made readily available when needed.