Ordinary Life Project Association(The)

Ordinary Life Project Association - 18 Boundary Road

Inspection report

18 Boundary 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

This service provides accommodation with personal care to three people with learning disabilities. This service was last inspected in December 2013 and all standards inspected were met.

A registered manager was in post but at the time of the inspection was on an extended period of leave. We were informed about the absence and the arrangements for the day to day management of the home. We were told the area manager was to take over line management responsibilities. 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.

The three people we spoke with said they felt safe living at the home and the staff made them feel secure. Members of staff knew the types of abuse and the responsibility placed on them to report allegations of abuse.

Risks were assessed and action plans developed to minimise the risk. Members of staff were knowledgeable about the actions they must take where risks were identified. For example epilepsy and for self-administration of medicines.

People said they had the attention they needed but there were staff shortages. Staff said the relief staff used were known to people. The area manager said during the registered manager's absence, relief staff were being used to cover these hours.

Safe systems of medicines were in place. Staff supported people who were able to take control of their management of medicines which included ordering, storing and administration. Members of staff signed medicine administration records to indicate the medicines administered. Protocols which gave staff guidance on administering homely remedies such as pain relief from a stock supply were in place. The medicine cabinet was located in the bathroom and although there were checks of temperature of the cabinet, it was not taken at the time the shower was being used. This meant the temperature could be above the recommended levels.

Staff said they had an induction when they started work for the organisation. They said the induction took six months to complete and included shadowing more experienced staff. There was essential training set by the provider which the staff attended and included safeguarding of vulnerable adults from abuse, medicine and epilepsy. However, relief staff said they did not have refresher training to update their knowledge and skills.

People told us they made their own decisions about their care and treatment. Where there were concerns about people's ability to make specific decisions Mental Capacity Act (MCA) 2005 assessments were

undertaken. People were not subject to continuous supervision in the home and within the community.

People said they prepared their breakfast and their lunch, they made decisions about the menus and staff prepared the evening meal. We saw people make their lunch and refreshments and discuss with staff the evening meal to be prepared.

A record of healthcare visits was maintained. Health action plans were developed on how people were to be supported with their health care needs. People told us the staff knew how to meet their needs and were supported with their on-going healthcare. They said they were independent and needed minimal support from the staff with personal care

People told us their rights were respected by the staff. For example, staff knocked on their bedroom doors before entering. Staff gave us examples to describe how they respected people's privacy and dignity.

Support plans described the person's ability to manage their care for themselves and on how staff were to assist the person to meet their needs. Daily routines described how people spent their day in the home and the activities participated in. People knew information about them was kept. They said discussions on how staff were to support them took place.

People said they approached the staff with concerns. There were no complaints received at the home since the last inspection.

The views of people were gathered during tenant meetings. People told us they participated in daily living skills such as cleaning and vacuuming. They said one day per week was allocated for them to clean their bedrooms and they were assigned specific areas of the home to clean. For example, vacuuming the lounge.

Systems were in place to gather people's views during house meetings. Quality assurance arrangements in place ensured people's safety and well-being. Systems and processes were used to assess, monitor and improve the quality, safety and welfare of people. There were systems of auditing which ensured people received appropriate care and treatment.

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

Staffing levels were maintained with permanent and relief staff.

Safe systems of medicine management were in place. Where people were able to self-administer their medicines the staff supported them with safe administration, ordering and storing of medicines. Although temperature checks of the medicine cabinet were taken, they were not done when the shower was in use. This meant the temperature of the medicine cabinet maybe above the recommended safe levels when the shower was in use.

Staff knew the procedures they must follow if there were any allegations of abuse.

Risks were assessed and staff showed a good understanding of the actions needed to minimise the risk to people.

Is the service effective?

Good

The service was effective.

People were able to make day to day decisions. Mental Capacity Act 2005 assessments were undertaken for specific decisions where there were concerns that people lacked capacity to make them.

New staff said their induction prepared them to undertake their roles and responsibilities. Members of staff benefit from one to one meetings with their line manager. Staff said the training delivered increased their skills to meet people's changing needs.

People's dietary requirements were catered for at the home.

Is the service caring?

Good

The service was caring.

People received care and treatment in their preferred manner

which respected their human rights.

Members of staff were respectful and consulted people before they offered support.

Is the service responsive?

Good

The service was responsive.

Care plans reflected people's current needs and gave the staff guidance on meeting people's needs.

No complaints were received from relatives and members of the public for investigation since the last inspection.

People attended clubs and participated in community activities.

Is the service well-led?

Good

The service was not always well led.

Tenant meetings were used to gather people's views.

Members of staff worked well together to provide a person centred approach to meeting people's needs.

Quality assurance systems to monitor and assess the quality of care were in place and protected from unsafe care and treatment

Ordinary Life Project Association - 18 Boundary 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 March 2016 and was unannounced.

The inspection was completed by one inspector. Before the inspection we reviewed information we hold about the service, including previous inspection reports and notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us.

During the visit we spoke with the three people living at the home, the area manager and two members of staff. We spent time observing the way staff interacted with people who use the service and looked at the records relating to support and decision making for two people. We also looked at records about the management of the service.

Good

Is the service safe?

Our findings

The three people we asked told us they felt safe living at 18 Boundary Close. One person said "I am not scared to live at the home," another person said "the staff make me feel safe." At the time of the inspection visit there was a relief and permanent member of staff on duty. These staff said they reported suspicions of abuse to their line manager. The permanent members of staff we spoke with knew the types of abuse and the actions they must take for suspected abuse. The relief member of staff said they would report abuse to their line manager.

The potential risks for people to undertake activities safely and for care and treatment were assessed. For example, risk assessments were developed for showering. The action plan instructed staff to ensure water temperatures were at a safe level and to be in the vicinity to promote independence with their personal care.

Risk assessments were developed for people who experienced epileptic seizures. The risk assessment listed the possible places the person may have a seizure for example, travelling or while at home. The symptoms that identify the types of seizure were included in the risk assessment. Epilepsy profiles in place provided additional information to the staff on the actions needed for each type of seizure and when to contact emergency services. One person told us staff recorded the length of their seizure, the location and made comments about the type of seizure.

People's ability to access the community independently and for people to stay at the home without staff supervision was assessed. The action plans gave staff guidance on minimising the risk. For example, staff were to ensure appliances were switched off before they left to prevent an outbreak of fire and to ensure people had access to emergency contact numbers.

Staff were aware of the potential risks to people and where risks were identified, the actions needed to minimise risks to people's health and wellbeing. A member of staff gave us examples on the types of risks assessments in place which included people's ability to stay at the home without staff supervision and for people to self-medicate.

One person told us they knew the staff working at the home and that relief staff was used. Another person said "I get the help I need from staff. I don't need much help." A member of staff said relief staff were being used to maintain staffing levels and these staff were known to people. A relief member of staff said there were vacancies and they covered some vacant shifts. Staffing rotas were organised for people to access community activities with staff support. Twice weekly two staff were on duty to support specific people to access community activities. At all other times one member of staff was on duty.

Systems of medicine management in place were safe. Medication administration files had a photograph of the person to ensure their identification and personal information such as next of kin and the name of their GP. Medication profiles detailed the name of the medicine administered, their purpose and how direction for administration. Medication administration records were signed by the staff to show medicines

administered.

Homely remedies were administered when required by the person which included pain relief. Protocols in place gave staff guidance on the purpose of the medicine and the maximum dose to be administered in 24 hours.

We saw the medicine cabinet was located in the shower room. Although the temperature of the cabinet was checked they were not done when or soon after showers were taken. This meant the temperature may be above the safe recommended levels for medicines. We raised this with the area manager during feedback.

Good

Is the service effective?

Our findings

People received care and treatment from staff that were skilled and well supported. A member of staff said their induction had taken six months to complete which prepared them for the role they were to perform. They said the induction covered policies and procedures, specific tasks, essential training set by the provider and shadowing more experience staff. However, a relief member of staff said refresher training was provided by the organisation. We raised refresher training for relief staff with the area manager during feedback.

Training that increased staff's skills and increased their knowledge of people's needs was provided. A member of staff said they had attended the safeguarding adults from abuse, Mental Capacity Act 2005, medicine systems and dementia.

A member of staff had one to one meetings with their line manager. They said at the one to one meetings they discussed improvements, training needs and issues of concerns. The relief member of staff said one to one discussions with their line manager did not take place. The records of one to one meetings showed staff had one to one meetings with their line manager.

People told us the daily decisions they were able to make. One person gave us an example of suggestions made by the staff that they were able to refuse. Another member of staff told us they made their own health care decisions for example, screening checks. They said the consequences of their decisions were explained to them by the manager.

Communication care plans in place gives guidance to staff on the person's preferred method of communication and how this person will respond to instructions. For example, staff were directed not to expect a response from the person as they may choose not to communicate.

People's capacity to make decisions was assessed and the outcome reached was that people had capacity to make daily decisions. It was recorded that where major decisions had to be made Mental Capacity Act (MCA) 2005 assessments were to be conducted to ensure where people lacked capacity best interest decisions were made. Consent and Capacity support plans listed the decisions and the level for support needed by the person. A traffic light system was used to assess people's level of ability to make specific decisions for example, for green people were able to make daily living decisions such as preparing food and refreshments, for amber people were assessed as partially able to make decisions such as hospital treatment, finances and nutrition. Where people were assessed at partially able to make specific decisions MCA assessments were completed to ensure best interest decisions were reached.

People living at the home were not subject to Deprivation of Liberty Safeguards (DoLS) for continuous supervision. One person said they were able to leave the home without staff support. They said they were safeguards in place to ensure they had arrived safely and they made staff aware of when to expect them back. Risk assessments were in place for people who were able to leave the home without staff supervision or who stayed at the home without staff support.

Behaviour management support plans described the behaviour staff found difficult to manage which included triggers for example, the person's perception of the situation. The actions staff must take to prevent the situation from escalating which included guidance on how to identify specific behaviours exhibited and where appropriate how the person wanted the staff to respond. For example, one person preferred staff to go to their room for time to calm down. Their preference was for staff to "listen and talk to me. If am angry staff are to help calm me down."

People's dietary requirements were met. Eating and drinking support plans listed people's preferred meals and the meals they were able to prepare for themselves. For example, breakfast and lunch. Action plans gave staff guidance on the assistance needed by people to make healthy eating choices. One person told us they participated in preparing the menus. They said menus suggestions were made and the staff supported them to have their preferred meals. A good range of fresh, frozen and tinned foods were available at the home. The menus on display in the noticeboard made clear that people prepared their breakfast and lunch from the range of food available and the tea-time meals were prepared by the staff.

People were supported with their on-going health care needs. A member of staff said routine appointments were made by the keyworker (member of staff assigned to specific people) and the staff on duty where appropriate will accompany people on the day of the appointment.

Hospital passports were devised and detailed personal and essential information for medical staff in the event of an admission to hospital. Health Action Plans gave the person's medical history, health screening and healthcare professionals involved in people's care. For example, dentist and opticians. Action plans ensured people healthcare needs were met and ensured people had access to the relevant health and social care professionals for example, regular checks by the district nurse for long term conditions such as high blood pressure.

People knew they had a health action plan. One person told us they had made their health action plans more individual by having pictures of and symbols that reflected their personality.

Good

Is the service caring?

Our findings

People told us the staff were caring. One person said their care was always delivered in their preferred manner. Another person said they staff knew their likes and dislikes. A member of staff said "people at the home are aware the staff are here for them and they [people] feel supported." They said discussing with people their life stories the staff were able to build relationships with people over time. "About Me" gave staff information on the person's preferred names, personal information and how the person expressed their emotions. For example, sadness and happiness.

During the inspection visit the staff used a variety of approaches. We saw a compassionate approach when people were recovering from ill health and where there were concerns about people's health the staff were sympathetic and ensured they monitored symptoms.

We saw staff use a friendly approach when they discussed with people their plans for the day. When people were to leave the home unsupervised the staff discussed the activities people were to undertake in the community, such as paying bills. .

People were assisted by staff with independent living such as cleaning of bedrooms and preparing meals.

People told us their views about the service were gained at tenants meetings. One person said the meetings were chaired by the staff and they were asked to make suggestions. At the tenants meeting held in November 2015 people discussed procedures and activities.

People were supported to maintain contact with relatives. One person said they had regular visits to the home from family. Another person said they had a say about their visitors and staff supported them with their decisions on visitors. The third person said they generally went to the homes of their friends and family.

Records in place gave staff guidance on how people liked their care and treatment to be provided. Daily routines plans described the people's daily activities and preferred routines. The times people liked to rise and retire, the tasks they were able to manage for themselves and their participation in activities were part of the daily routine plans.

People's rights were respected by the staff. One person told us the staff knocked on their bedroom door before they entered and their personal care was always done in private. Another person said the staff always waited for an invitation to enter bedrooms and they were provided with keys to the home.

People lived in a residential area and the environment was suitable for the three adults living at the home. All bedrooms were on the same level and were decorated in the person's taste. Their belongings and photographs reflected people's taste and interests.

Good

Is the service responsive?

Our findings

People knew support plans were developed on how staff were to assist them with meeting their needs. One person said meetings were held to discuss their care needs. A member of staff said support plans were developed with the assigned member of staff and the person. They said staff assisted people to understand their support plans before they were asked to sign them.

We saw examples of care plans relating to Eating and Drinking and the Self administration of medicines. The Eating and Drinking care plan for one person listed the drinks preferred by the person, the meals people were able to make for themselves and nutritional information which the staff were to provide to assist with healthy choices. For another person their self-administration support plan described the measures for staff to ensure people were able to take their medicines safely, for example, having locked facilities and monitoring repeat prescriptions.

Epilepsy profiles signed by the GP and registered manager were in place for people that experienced seizures. The profiles included guidance to staff on how to manage the types of seizures the person may experience and when to contact emergency services.

A member of staff said they were told about people's changing needs during handovers and where they were assigned to work with specific people. A relief member of staff said they read the support plan of people they were assigned to work with. They said there was a separate file for relief and agency staff which gave them essential information they needed to know about people. Staff recorded in people's individual diaries the person's daily routine and the activities undertaken.

People told us they participated in activities. Daily living skills activity plans were in place which stated the tasks the person was able to undertake without staff support. For example, the person was able to make refreshments unsupervised but needed help with cooking. A relief member of staff said they were helping people with independent living skills such helping people clean their bedrooms. One person listed their week's activities which included visiting community day care services, clubs and shopping with the staff. Another person said they were voluntarily employed, attended clubs and at weekends visited their parents.

The Ordinary Life Project Association complaints procedure gave the contact details of the organisation, how people can gain advocacy support and the steps to be followed for making complaints. People told us they knew how to raise complaints. A member of staff said there was a log of complaints. They said there opportunities during reviews for people to raise complaints about the service. There have been no complaints made since the last inspection.

Good

Is the service well-led?

Our findings

A registered manager was in post but was on a period of leave. We were notified of this absence and were told the area manager was to take over line management responsibilities.

The views of people were gathered during house meetings. People said they discussed the complaints and fire procedure and activities at the tenant meeting which happened in November 2015. We did not see any other copies of tenants meeting. The registered manager responded to the report and said there had been a tenants meeting on the 26 January 2016

Staff said the team worked well together. They said the registered manager was approachable but was on a period of leave. One person said the registered manager had been away for a period of time. Team meetings were held in November 2015 to discuss issues, delegate task and pass information about changes in procedures and policy. However, we did not see copies of other team meetings that had occurred since then. The registered manager responded to the report and said there had been team meetings on the 2 February and 10 March 2016

People were valued by the staff and staff were motivated to provide people with high quality care. A member of staff was the vision was to "make people's life as easy as possible, enjoyable and to give them a feeling that they are part of the community."

Quality assurance arrangements in place ensured people's safety and well-being. The staff had conducted a self-assessment of standards in March 2015 and all areas were met. The standards of care and treatment were assessed by a quality assurance team which included an area manager, Human Resources (HR) and the Chief Executive. Monthly visits were conducted by the most appropriate team member to the nature of the visit. At a recent quality assurance visit the environment was assessed. An action plan of repairs to take place was devised and included repainting a bedroom and treatment of windows. The staff responsible for the task had ticked the action plan to show completion.

Audits were undertaken to ensure the service was operating effectively. For examples, medicines, food and infection control. A member of staff with lead role in medicine management said medicines were audited when they were received from the pharmacy. Cleaning schedules were in place and ticked when the task was completed.

Staff reported incident and accidents and sent copies of the reports to the area manager to identify trends and patterns. A member of staff said accidents that occur mainly relate to seizures people experience. The most recent accident occurred in January 2016 and emergency services were contacted for one person who sustained an injury following a seizure.