

Life Path Trust Limited

Life Path Trust Limited - 2 Ellys Road

Inspection report

2 Ellys 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

At the last inspection in July 2015, the service was rated 'Good'. At this inspection, the service continued to be good.

2 Ellys Road is a respite service registered to provide accommodation to a maximum of ten people with learning disabilities for a short period of time. There were four people staying at the service at the time of our inspection.

There was a registered manager in post at the service. 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 provider had aims and values for the service, which were clearly communicated with people who used the service. Our observations demonstrated this aim was being achieved. This was because the staff team demonstrated their commitment to continually supporting people to maintain and gain new skills to be as independent as possible.

People liked the staff who provided their care. Staff demonstrated an in-depth knowledge of people's needs and we saw they were skilled and confident in their practice. Staff behaviours and attitude to their work, showed they knew people they cared for well. People's right to privacy was respected and people were treated in a dignified way.

People and their relatives were involved in the planning of their care. Staff had spent time with people and their families to get to know them. The information gathered was recorded in people's care plans which detailed the goals people wanted to achieve during their stay at the service.

People and their relatives felt safe when they used the service. On the day of our visit there were enough staff on duty to support people safely. Staff were knowledgeable about the risks associated with people's care. Detailed risk assessments and management plans were in place for staff to follow to keep people safe.

Procedures were in place to protect people from harm. The provider's recruitment procedures minimised, as far as possible, the risks to people safety. The environment was well maintained and regular checks of the equipment in use took place to make sure it was safe. Staff were knowledgeable of the evacuation procedures they needed to follow should an emergency occur.

Accident and incident records were completed and a system was in place to analyse the records to reduce further incidents occurring.

People's medicines were stored and managed safely. People told us they enjoyed the food and staff

demonstrated a good knowledge of people's nutritional needs, likes and dislikes.

People had been assessed and had capacity to make decisions. Staff had a good understanding of the principles of the MCA. The registered manager was aware of the process that needed to be followed if a person's liberty was being deprived.

People were supported to follow their personal hobbies and interests and were encouraged to join in with social activities at the service. People maintained positive links with their community.

People and their relatives were happy with how the service was run and were encouraged to be involved in the running of the service. They had opportunities to put forward their ideas and suggestions to drive forward improvements. The management team were responsive to the feedback provided.

People and their relatives knew how to make a complaint and told us they comfortable doing so.

The registered manager felt supported by the senior leadership team. Staff enjoyed working at the service. They received regular supervision of their work and felt supported by their managers. Team meetings took place and staff confirmed they had opportunities to contribute items to the agenda.

The management team completed regular checks of different aspects of the service. This was to highlight any issues in the quality of the care provided, and to drive forward improvements.

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 remains good.

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.

Life Path Trust Limited - 2 Ellys 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 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 was a comprehensive inspection which took place on 10 August 2017. It was announced because the location is a small respite service for people who are often out during the daytime. We needed to be sure people would be in to talk with us about the service. The inspection was carried out by one inspector.

Before the inspection visit we reviewed the information we held about the service. We looked at the statutory notifications that had been sent us. A statutory notification is information about important events which the provider is required to send to us by law. We also spoke to the local authority commissioners. Commissioners are people who contract service, and monitor the care and support when services are paid for by the local authority. They told us they were happy with the service provided.

As part of our inspection we asked the provider to complete a Provider Information Return (PIR). The PIR 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. The information contained within the PIR was reflected during our visit.

We spoke with two people who used the service and one relative during our visit. We also spoke with the registered manager, the operations director and three care workers.

We looked at the records of three people and other records related to how the service operated. This included checks the management team took to assure themselves that people received a good quality service.

Is the service safe?

Our findings

At our last inspection 'Safe' was rated 'Good'. At this inspection people who used the service continued to receive good safe care.

People and their relatives told us they felt safe when they used the service. One person said, "It's safe, they lock the front door at night." A relative commented, "Very safe, I have every confidence in the staff."

On the day of our visit we saw there were enough staff on duty. Staff were attentive and available at the times people needed them. A staff member said, "We are never short staffed, and the staff turnover is low here."

Staff were knowledgeable about the risks associated with people's care which included displaying behaviours that may cause harm to themselves or others. Detailed risk assessments and management plans were in place for staff to follow to keep people and themselves safe.

The deployment of staff also contributed to safety. For example, one person became easily distracted and disorientated in busy public places which could cause them to become anxious. As a result a staff member always accompanied them when left the building to provide support and reassurance.

Procedures were in place to protect people from harm. Staff had received training and knew how to safeguard people from abuse. Our discussions with the registered manager assured us they were aware of their responsibilities to keep people safe.

The provider's recruitment procedures minimised, as far as possible, the risks to people safety. The operations director explained people were involved in the recruitment of staff, who provided their care, and new staff were recruited based on their values. They were not recruited until their DBS (Disclosure and Barring Service) checks or references had been received. These were then checked to ensure the person was suitable to work with people who used the service.

The environment was well maintained. The maintenance records we looked at demonstrated regular checks, which included fire and gas safety, took place to make sure the equipment was safe to use. There were processes to keep people safe in the event of an emergency such as a fire. Evacuation procedures were displayed throughout the building in a format that people could understand. People had personal fire evacuation plans so staff and the emergency services knew people's different mobility needs and what support they would require to evacuate the building safely. Staff were knowledgeable of the evacuation procedures and their roles and responsibilities should an emergency occur.

We checked and found people's medicines were stored and managed safely. Medicine care plans were in place with information about what medicines people required and what time they needed them. Medicine procedures were in place to check medicine quantities were correct when people arrived and left the service because they only stayed for a short time. Only trained competent staff administered people's medicines.

Staff confirmed they had received training, and the registered manager observed their practice to make sure they were competent to do so. A staff member told us, "We have training so we know how to give medicine. The manager also checks that we handle it correctly." A series of medicine checks took place so if any errors were identified prompt action could be taken. Records showed no errors had occurred in the 12 months prior to our visit.

Accident and incident records were completed. A system was in place to analyse the records to identify any patterns or trends to reduce further incidents occurring.

Is the service effective?

Our findings

At our last inspection 'Effective' was rated 'Good'. At this inspection people who used the service continued to receive good effective care.

People told us staff had the skills to care for them effectively. One said, "They know what to do." Staff demonstrated an in-depth knowledge of people's needs and we saw they were skilled and confident in their practice. They told us they had received an induction which included working towards the Care Certificate. The Care Certificate is an identified set of standards for health and social care workers. It sets the standard for the skills, knowledge, values and behaviours expected.

Staff had also completed the training they needed to be effective in their roles. This included training to support them to work with people who had epilepsy. For example, staff knew what procedure to follow if someone had an epileptic seizure and described to us what action they needed to take, such as when to call for an ambulance.

The staff team also had opportunities to complete additional qualifications, such as social care diplomas. Most care staff had completed, or were working towards, level two qualifications in health and social care. This ensured they had the skills they needed to meet people's needs.

Staff told us they felt supported by the management team and they received regular supervision of their work. Records showed us staff had regular opportunities to meet with their manager to discuss their role and identify how to further develop their skills.

Staff read people's care records and attended a 'handover' when they came on duty. These meetings ensured staff had up to date information such as, how people were feeling and what they had chosen to do to occupy their time. This meant people received the care and support they needed.

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

All of the people who were staying at the service during our visit, had been assessed and had capacity to make their own decisions. Staff had a good understanding of the principles of the MCA. They gave examples of applying these principles to protect people's rights, such as, asking people for their consent and respecting people's decisions to refuse care. A staff member told us, "Some people can't tell us verbally what they want, but they will point to items, or we will show them pictures and they choose that way." The registered manager was aware of the process that needed to be followed if a person's liberty was being deprived.

People told us they enjoyed the food. One person said, "The food is nice, I have what I want." On the day of

our visit most people went out for lunch but if people chose to eat at the service they prepared their meals with support from the staff. Staff demonstrated a good knowledge of people's nutritional needs, likes and dislikes. For example, they knew one person required a gluten free diet and others were vegetarian. During the day we saw people helped themselves to drinks and made drinks for each other. At the time of our visit there was no one required 'specialised' diets, however if required the service monitored people's weight and eating so that if there were any identified risks, these were promptly referred to their families, GP or appropriate healthcare professional for further investigation.

People had 'hospital passports'. These were documents which included important information about people. For example, what foods they liked to eat and how they preferred to communicate. This meant people could be supported when visiting hospital because health care professionals would have information to help them meet their needs.

Is the service caring?

Our findings

At our last inspection 'Caring' was rated 'Good'. At this inspection people who used the service continued to receive good care.

One person told us they liked the staff who provided their care. Another put their thumb up and smiled when we asked them about the staff and the service. Staff behaviours and attitude to their work showed they wanted to look after people well. We spent time in the communal areas and observed interactions between people and the staff were positive. The atmosphere was relaxed and we saw staff were patient and interested in what people had to say. People were comfortable with staff and spoke affectionately to them. A relative told us, "The staff are very caring, they are all lovely people."

Staff told us they enjoyed working at the service. One said, "I have worked here 19 years it's a great place, team work is great and everyone cares about each other." Another told us, "It's a good company to work for, very caring."

Staff demonstrated they knew people well. They explained they talked with people and their families' to find out 'all the small things' that were important to them. For example, one staff member told us one person staying at the service could become unsettled if their daily routine changed. They described in detail how they reassured the person if any changes were going to take place, and recognised the importance of the person following their preferred routines. Staff also watched people's body language, to find out what they liked and disliked, if people were unable to tell them. Staff said this helped them to gain an understanding of how people wanted their care to be provided.

People and their relatives were involved in the planning of their care. Staff recognised the importance of ensuring people's relatives felt involved in their family member's care. One said, "Involving families is key to good care, they know people best." For example, one person's relative had stayed overnight at the service to make sure the service could meet their relations needs. Our discussion with a relative confirmed they felt involved in decisions about their relations care and support. People were encouraged to maintain relationships important to them and there were no restrictions on visiting times.

The staff team demonstrated their commitment to continually supporting people to maintain and gain new skills to be as independent as possible. For example, we saw one person was supported by a staff member to bake a cake which was to be shared with everyone else. Afterwards the person washed and dried up the items they had used. The registered manager explained gaining these skills was important because the person's wanted to achieve the dream of living in their own home.

People's right to privacy was respected by the staff. We saw staff discreetly asked people if they needed assistance with their personal care and this was provided in their bedroom or in a bathroom with the door closed. We saw staff knocked people's bedroom doors and waited for permission before they entered.

All Information was provided in 'easy read format'. These included people's care plans, meeting minutes

and the brochure about the service. This helped people to be involved as they understand the information presented in this way.

People told us staff treated them with dignity and respect. One said, "They treat me nice. They always ask me if I am okay." Some staff had completed a training course to become 'Dignity Champions'. The purpose of this was to ensure people's dignity was being maintained and to make best practice recommendations to other staff to benefit people who used the service. We saw information which emphasised the importance of people's privacy and dignity was on display in communal areas of the service.

Is the service responsive?

Our findings

At our last inspection the service was rated as 'good' in their responsiveness towards people. At this inspection people who used the service continued to receive good, responsive care.

One person told us, "Staff help me when I need them, I get everything that I need." A relative explained staff were able to judge how their relation was feeling and this meant they knew when to use distraction techniques and provide reassurance to reduce their anxieties.

We saw staff had a good understanding of the way people preferred to communicate. This included using pictures, gestures and Makaton which helped the staff to understand what people were trying to tell them. (Makaton is a language that uses signs and symbols to help people to communicate). We saw staff understood what these signs and gestures meant. Staff described to us in detail people's preferred routines and behaviours. For example, for some people wringing their hands meant they were feeling anxious, and staff would offer reassurance and comfort.

Staff spent time with people and their families to get to know them. Information including the goals people wanted to achieve during their stay at the service was documented in care plans. People's likes, dislikes and preferred routines were also recorded. For example, one person who had autism liked to smell people's hair and clothing because it stimulated their senses. A staff member told us, "It is an important part of their routine so I go with it." We saw some people had 'autism books' which informed staff how they perceived the world. Staff told us the information supported them to provide personalised care.

If a person's care needs had changed messages were often passed on verbally, staff read people's daily notes and a communication book was also in use. One staff member told us, "Whenever people's care records or risk assessments are updated we sign to say we have read and understood the changes." This meant staff had up to date information about people's emotional or physical health.

People told us they were supported with their personal hobbies and interests. One person said, "I like the cinema, I went on Tuesday. I am going to play pool today." When they returned they told us they had had a 'good day out'. People were encouraged to join with social activities at the service. We saw people and staff members played a game together during our visit. We overheard lots of laughter and friendly banter between everyone. People had the opportunity to go on holidays with the service. We were made aware that a holiday to Blackpool was in the process of being arranged to take place in September 2017. So far, eight people had expressed an interest in going.

Themed 'food nights' were also held at the service to celebrate the different cultures of the staff and people at the service. For example, people and the staff had worked together to cook a meal from their country of origin which included Jamaica, India and Zimbabwe. This also gave people opportunities to try new foods such as spicy curries to stimulate their senses.

People maintained positive links with the community that benefitted their lives. For example, people had

opportunities to attend a local disco with other people from the local area once a week.

People had opportunities to put forward their ideas and suggestions to improve the service provided. We saw people's suggestions had been listened to. For example, one person had requested to go to a football match. This had happened a few days before our visit.

People and their relatives knew how to make a complaint and told us they comfortable doing so. The complaints policy was on display in the hall way area and was in picture format so people could understand the information. No complaints had been received about the service since our last inspection.

The home had received several written compliments since our last inspection .This showed us people were happy with the service they received.

Is the service well-led?

Our findings

At this inspection, we found the service and staff continued to be as well-led as we had found during the previous inspection. The rating continues to be Good.

Since our last inspection in July 2015 the previous registered manager had left the service. A new manager, who had worked for the provider for fifteen years, registered with us in February 2017.

People and their relatives were happy with how the service was run. They told us the registered manager and the senior leadership team were approachable and friendly. We saw the registered manager had a 'hands on approach' and worked alongside the staff team during our visit. This approach ensured they had an overview of how staff were providing care and support to people and gave them the opportunity to speak with people and staff.

The registered manager told us, "I feel extremely well supported. I love my job." We asked them what they were most proud of at the service and they said, "I am proud of our good reputation, all people matter and I am passionate about good care. People get it here." The operations director told us, "The best thing about the service is making people happy, that includes the staff."

Staff told us they really enjoyed working at the service and they were committed to providing good quality care to people. They felt supported by their managers and confirmed they had frequent opportunities to discuss their work and future opportunities to develop their skills. Team meeting also took place once a month and staff confirmed they had opportunities to contribute items to the agenda. One commented, "We are encouraged to have our say."

The provider had aims and values for the service which were clearly communicated with people who used the service. Information about the service was available and the mission statement for the service was, 'To enable people with learning disabilities to live their lives to the full.' We saw staff practices demonstrated this aim was being achieved.

Life Path Trust limited is a charitable organisation run by a board of trustees. People were encouraged to be involved in running the service. For example, they had opportunities to attend meetings to present information such as, the health and safety of the service to the board. The information was then used to review the quality and safety of the service in line with its strategic aims.

The management team were responsive to people's feedback. People told us they felt listened to by the staff and their requests were promptly acted upon. We saw 60 quality questionnaires had been sent to people and their families in May 2017. A total of 26 responses had been received which were analysed by the registered manager. Records showed that people were very happy with the service they received and they felt nothing could be improved.

The management team completed regular checks of different aspects of the service. This was to highlight

any issues in the quality of the care provided, and to drive forward improvements. For example, regular checks on cleanliness of the environment and people's medicines. These checks should ensure the service is run effectively and in line with the provider's procedures.

The registered manager told us which notifications they were required to send to us so we were able to monitor any changes or issues within the home. We had received the required notifications from them. They understood the importance of us receiving these promptly and of being able to monitor the information about the service.

It is a legal requirement for the provider to display their ratings so that people are able to see these. We found their rating was displayed within the service and also on their website.