Life Opportunities Trust

Life Opportunities Trust - 15 Rose Vale

Inspection report

15 Rosevale
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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?	Requires Improvement

Summary of findings

Overall summary

This inspection was carried out on 12 January 2016 and was unannounced.

Life Opportunities Trust-15 Rosevale provides accommodation and personal care for up to 8 people older people, some of whom have learning disabilities. There were 7 people living at the service on the day of our inspection.

At their last inspection on 5 November 2013, they were found to be meeting the standards. At this inspection we found that they had continued to meet the standards.

There was a manager in post who had been at the service since April 2014. However, the previous manager was still registered with the commission although they had left the service in 2013 and we had not been notified in accordance with the registration regulations. A registered manager is a person who has registered with the Care Quality Commission (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 and associated Regulations about how the service is run. The manager of the service submitted their application the day following our inspection. However, this was an area that required improvement.

The Mental Capacity Act (2005) provides a legal framework for making particular decisions on behalf of people who may lack 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. Where 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 checked whether the service was working in line with the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that the service was working in accordance with MCA and had submitted DoLS applications which some were pending an outcome.However, where DoLS applications had been authorised, the sevice had not submitted statutory notifications to the commission as required.

People received care that met their needs and care plans were up to date and person centred. People received the appropriate support to eat and drink and had access to health and social care professionals. People had access to day centres and in house activities and there were opportunities to go out regularly if they wished. Risks were well managed and staff knew how to keep people safe. Accidents and incidents were reviewed to minimise the risk of a recurrence.

Staff knew people well and involved them in planning and reviewing their care. Staff had been recruited

through a robust procedure and received regular training and supervision. Staffing levels were sufficient to meet people's needs and where agency staff were used, they tried to ensure the same staff attended to help provide continuity of care.

People, their relatives, staff and professionals were positive about the manager and their leadership style. There were systems in place to identify and resolve any issues and improve the quality of the service.

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.

People were protected from the risk of abuse as staff knew how to recognise and respond appropriately.

People had their individual risks assessed and staff were aware of these.

People were supported by sufficient staff numbers.

Medicines were managed safely.

Is the service effective?

Good

The service was effective.

People were supported by staff who received appropriate training and supervision.

People were encouraged to express their choices and make decisions.

People received support to eat and drink sufficient amounts.

There was access to health and social care professionals.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect.

People were involved with planning their care.

Relationships were encouraged and supported.

Is the service responsive?

Good

The service was responsive.

People care needs were met and care plans gave clear guidance to staff.

People were supported to join in with activities and go out.

Complaints were responded to appropriately.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The manager had not registered at the service even though they had been at the service since April 2014.

Statutory notifications were not always sent as required.

People, relatives, staff and professional were positive about the manager and leadership in the home.

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There were systems in place to manage and resolve the quality of the service.

There was an open and people first culture in the home.

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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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2014 and 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 12 January 2016 and was carried out by one inspector. The inspection was unannounced. Before our inspection we reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us. We also reviewed the Provider Information return (PIR) which sets out how the service is meeting the standards.

During the inspection we spoke with two people who lived at the service, two relatives, one member of permanent staff, one agency staff member who worked at the home regularly and the manager. We received feedback from social care professionals and viewed two people's support plans. We also reviewed records relating to the quality and monitoring of the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us due to complex health needs.

Good

Is the service safe?

Our findings

People were felt safe living at the service. Two people we spoke with answered yes when we asked them if they felt safe. Relatives told us that they felt people were safe. One relative whose family member moved to the service after a poor experience said, "They have very quickly built my confidence." They went on to say that their relative was always happy to return back to the home after days out which showed the person liked being there.

Staff had a good understanding of how to recognise and report allegations of abuse. One staff member said, "I'd absolutely report it, I always look at it and think what if that was my nan." There was information displayed about how to report abuse and people were encouraged to express if they felt worried or sad. There were pictures displayed showing what worried or sad might look like to help them understand and communicate.

People had their individual risks assessed and plans were developed which helped to ensure that risks were mitigated. The plans helped people continue to participate in hobbies or tasks that interested them. For example, helping to clear up from their meals or go out to enjoy shopping, walks or going to church.

Accidents and incidents were recorded, investigated and reviewed. Where remedial action was required to reduce a reoccurrence this was completed and then communicated through the staff team by handover meetings or team meetings. For example, changing a bedroom around to reduce the risk of falls from bed or if a person had been referred to an occupational therapist.

People were supported by sufficient numbers of staff to meet their needs. A relative told us they felt the home would benefit from a dedicated driver or housekeeper but this didn't impact on people's care. We saw that people had their needs met in a timely fashion during the inspection and staff told us this was normally the case. One staff member said, "They [people living at the home] get everything they need, there's enough staff." One staff member told us that the use of agency staff was at times harder work for permanent staff as they did not know everyone. However, they went on to say that when the agency sent returning staff members to work at the home, this was not such a problem as they knew everyone well. The manager told us that the use of agency staff was unavoidable and each agency staff member received an induction to the home, which included what people's needs were, prior to starting their shift. An agency staff member and permanent staff member confirmed this. The manager also told us that they were recruiting and when all pre-employment checks were completed, there would be only one staff vacancy for which they continued to recruit for.

People were supported by staff who had been through a robust recruitment procedure. Head office carried out the pre-employment checks following an interview taking place and informed the manager when all checks were completed. This included written references, criminal records check and proof of identity. The agency used also provided the manager with this information about staff sent to work at the service. This helped to ensure that staff working at the service were fit to do so.

People's medicines were managed safely. We saw that two staff members were responsible for dispensing and administering medicines to people and there were daily checks on balance of stocks. Weekly audits were carried out and any issues were recorded and actioned. For example, when Paracetamol were not printed on the records, this was identified straight away and the pharmacy was contacted to resolve the issue. Staff had received training in medicine management and their competency had been assessed to help ensure they worked in accordance with the prescriber's instructions and safe working guidelines.

Good

Is the service effective?

Our findings

People were supported by staff who had received appropriate training and supervision. Relatives praised the staff and their abilities. One relative said, "I have confidence in their ability, they had a lot to learn due to [person's] complex needs, they are very competent."

Staff worked in accordance with training they had received and this helped to ensure safe practice. For example, moving and handling techniques when supporting people to transfer with a hoist. We saw that all staff had received training in areas including moving and handling, safeguarding people. Agency staff were offered training in addition to the training provided by their agency from the agency. One agency staff member told us, "They've given me medicines training and epilepsy training. It's good for the safety and continuity of the home."

Staff received regular one to one supervision. We saw that this was done every other month and covered all areas of their role. Staff told us they felt supported. One staff member said, "I feel supported, [manager] is very good."

People were encouraged to give their consent to tasks and were involved in making their own decisions. There was guidance for staff in people's care plans outlining how people made their own decisions, for example, pointing or clapping, and communication techniques to use that facilitated this. However where they were not able, best interest decisions were made with the involvement of family members or an advocate and if needed, the person's social worker. People had their capacity assessed and if people were assessed as not having capacity and they required depriving of their liberty, the appropriate DoLS authorisations were applied for. These were reviewed in the set timescales to help ensure the home was working in accordance with the legislation. A professional who was working with the home to ensure people's best interests were respected told us that the manager was very thorough when ensuring people's rights were protected.

People were supported to ensure they had enough to eat and drink. One relative told us, "[Name] has actually put on weight since living there." We saw that people received support and encouragement to eat and drink during breakfast and lunch. They were unrushed and extra hot drinks were given on request. People were weighed regularly to check that they maintained a weight that was normal for them and when needed, referrals to health care professionals such as a dietician or speech and language therapist (SALT) were made. We saw that guidance which ensured people received the correct consistency of food and drink was displayed in the kitchen for raise staff awareness.

People had regular access to health and social care professionals. These included GPs, nurses, dentists and social workers. Advice from these professionals was recorded and staff followed their guidance. This helped to ensure that people were supported to maintain good health.

Good

Is the service caring?

Our findings

People were supported by staff who were kind and caring. We saw staff be attentive and speak respectfully with people. For example, one person was sleeping in their chair and we heard a staff member say, "[Name] you are very sleepy would you like to go back to bed?" The person didn't answer so the staff member took their time and asked again. A short time later the person was helped to go back to bed. We noted that the staff were very gentle when they supported the person to transfer, making sure their head didn't knock onto the hoist as they were leaning forward. We also saw staff get an armchair ready for a person to sit in, making sure cushions were positioned to give the most comfort.

Relatives told us they found staff to be attentive and kind and that they made the people who lived there, and their relatives, feel very welcome. One relative said, "They are lovely, and the kindness they show people is fantastic." They went on to tell us how they had been so impressed at the sensitivity and patience they had shown in supporting someone with a cold who needed help to wipe and blow their nose. They said, "I was very impressed." A professional also told us that the staff were, "Absolutely lovely."

The manager and staff knew people well and were able to tell us about their choices, preferences and different relationships they had with people. People were encouraged to express their views and preferences through whole life reviews, monthly reviews and meetings. Staff used visual prompts to enable people to communicate. In addition, when speaking with people, staff made sure they were at the correct height so the person could see their face and expressions. Details about people's preferences were recorded. For example, even to include the strength and temperature a person liked their cup of tea. This was communicated to the staff team which helped ensure people were happy and comfortable. One relative told us, "They made sure even the little, but very important things were recorded. [The manager] is very attentive."

People and where appropriate their relatives or an advocate were involved in planning their care. One relative said, "I feel like we work in partnership." A professional involved in planning people's care told us that the home worked really hard at involving people and their representatives every step of the way and they felt this was extremely positive.

Relationships were supported and encouraged. Care plans included a relationship circle showing who was important to each person and what their relationship was. There was also a record of staff who supported each person and photos of other people living at the home listed as friends.

Good

Is the service responsive?

Our findings

People's care needs were met. We saw that people were supported in a way that met their needs and as documented in their care plans. For example, the type of support needed and equipment used. Relatives told us that they felt care provided for people met their individual needs. One relative said, "They got to know [person] so quickly, not just the big stuff, the small but important stuff."

People's care plans were written in a way that gave staff clear guidance on how to support them. These were detailed and person centred. For example, one plan stated 'my carer is to pick my outfit and then show me for approval'. Staff also told us that there was a handover at each shift change all staff were aware of any updates or changes to people's needs. Daily care notes were kept which gave a clear picture of how people had been during the past 24 hours and this included any appointments, activities and mealtimes, as well as care received.

People had access to activities that they enjoyed. We saw people playing with musical instruments and puzzles during our inspection. Some people were getting ready for going to day centre when we arrived and were looking forward to it. There was an activity person that came to the home each Saturday and provided arts and crafts. The manager told us that people had enjoyed giving their art projects to family and friends as gifts. People were able to go out and about in the community which included walks, shopping and going out for meals.

Information on how to make complaints was displayed in a way that people could understand easily. For example, pictures of a sad or happy. We found that people knew how to make a complaint and the manager had recorded all grumbles including if a cup of tea had been too milky and a table not laid correctly prior to a meal. We saw that these had been responded to appropriately and actions to reduce a reoccurrence were developed and communicated to the staff team. Relatives told us they knew how to make a complaint but did not have the need to do so. They said that the manager was approachable and they pop in to speak with them during their visits and this eliminates the need to raise any issues that may arise.

Requires Improvement

Is the service well-led?

Our findings

There was a manager in post who had been at the service since April 2014 and had recently applied to register with the CQC. However, the previous manager was still registered with the commission but they had left the service in 2013 and we had not been notified in accordance with the registration regulations. It is a condition of the provider's registration that the service has a registered manager and that the CQC are informed of any changes relating to the manager. We also found that where DoLS applications had been authroised, the manager had not sent statutory notifications to the commission as required. This was an area that required improvement.

People were positive about the manager and we saw that they were confident to approach them. Relatives and professionals told us that the manager had worked hard and was very good. One relative told us, "[Name] is not only attentive [relative] but to me as well, I feel [relative] is in good hands." A professional told us that the manager had improved the home during their time and that they had offered stability to staff which benefitted the people who lived there.

Relatives and professionals were positive about the leadership in the home. They praised the manager but also the senior support staff. One relative said, "During Christmas there was a bug going round, the level of care and expertise, even at this difficult time when everyone was ill and its holiday period, was fantastic."

There were systems in place to monitor, address issues and improve the quality of service provided. We saw that regular checks were carried out and if shortfalls were identified, action plans were developed. We saw that these were signed when completed. For example, a missing signature list in the medicines records was added after an audit identified it was incomplete. The provider also carried out regular checks, recently with support from a person who lived at another of the provider's locations. They produced a report which helped to understand the experiences of people who lived at the home.

People's voice was sought through meetings and surveys. We saw that these were pictorial to help people share their views and meeting notes recorded people's responses and reactions to subjects and decisions. We noted that action plans were developed where improvement was suggested and these were completed. For example, the introduction of key worker one to one sessions for people. We saw that relatives and professionals were also asked for their views and their feedback was positive. One relative told us, "I visited during a resident meeting once and saw they [manager and staff] really tried to get everyone's feedback, they were deciding on the décor for the lounge."

People came first at the home and staff told us that this was something that had improved under the current manager. One staff member said, "For a while it got a bit task orientated, but that's stopped now." A professional told us that the home was open to challenge and took feedback well and responded appropriately to suit the needs of people they supported. A relative told us, "They have never made me feel that I'm too involved, they tell me everything." This demonstrated that there was a person centred, open and honest culture in the home.