Ordinary Life Project Association(The)

Ordinary Life Project Association - 5 St Margaret's Gardens

Inspection report

5 St Margaret's Gardens
Melksham
Wiltshire
SN12 7BT

Tel: 01225709691

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05 September 2016

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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 inspection took place on the 23 August 2016 and 05 September 2016 was unannounced. At the previous inspection visit which occurred in February 2014 we found all standards inspected were met.

This service is registered to provide accommodation and personal care for up to four people with learning disabilities. At the time of the inspections there were four people living at the service.

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 people we asked said they felt safe with the staff. The staff on duty were able to describe the procedure for safeguarding vulnerable adults from abuse and were able to list the types of abuse.

Risk assessments were developed on how to minimise the risk to people. For example, moving and handling and staying home alone. People at the service were able to take risks safely. Where there were potential risks to people's health and welfare staff were aware of the actions needed to minimise the risk.

Staffing levels were maintained by permanent and relief staff. The registered manager told us new staff were recruited to cover a vacancy. The duty rota showed there were two staff on duty throughout the day and at one member of staff was on duty sleeping in the premises.

People were enabled to make day to day decisions. The people we asked told us the decisions they were able to make. Staff were knowledgeable about the decisions people made for themselves. Mental Capacity Act (MCA) assessments were undertaken to determine people's capacity to make specific decisions. Best interest decisions were taken where people lacked capacity to make specific decisions.

People told us the staff were kind. They were supported to maintain contact with family and friends. We saw good interaction between staff and people. Their interaction was meaningful and not task led. People participated in day care centres, joined clubs and went on shopping trips. One person was employed to deliver weekly papers.

Statements, guidelines and care plans were developed on how staff were to assist people with their care and treatment needs. However, we saw documents were duplicated. The registered manager said where there were changes and additional information, another care plan was developed. This may create confusion as staff may assume they have read the relevant care plan.

We recommend that the service finds out more about care planning, based on current best practice.

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

The staffing levels were being maintained with permanent, relief and agency staff. Sufficient levels of staff were deployed to meet people's needs.

Safe systems of medicine management were in place. Staff signed medication administration charts to show they had administered the medicines. Protocols for administering "when required" medicines were developed and included were the purpose of the medicines.

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 Assessment were carried out to ensure people had capacity to make decisions about their care and welfare.

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.

We observed positive interactions between people and staff.

Is the service responsive?

Good

The service was responsive.

Support plans reflected people's current needs. However, there were duplication of records. This may cause confusion for staff.

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

People attended clubs, participated in household tasks and one to one outings with their keyworker was organised.

Is the service well-led?

Good

The service was well led.

Systems were in place 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 service were in place and protected people from unsafe care and treatment.

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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 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.

The inspection took place on 23 August 2016 and 5 September 2016 and was unannounced,

The inspection was completed by one inspector. 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 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 three people, one staff and the registered manager. 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 three people. We also looked at records about the management of the service

Good

Is the service safe?

Our findings

People told us they felt safe and one person told us the staff made them feel safe. The member of staff we spoke with was knowledgeable about the safeguarding of vulnerable adults from abuse procedures. They were able to list the types of abuse and the actions they must take for alleged abuse. The member of staff was also aware of their duty to report poor practice they may witness by other staff.

Risks were assessed and action plans developed to minimise risks and to ensure people took risks safely. A member of staff described how risks were managed for people living at the service which included leaving the home without staff support, making refreshments and moving and handling. They explained the actions plan in place for risks identified. For example, the risk assessments gave staff guidance on the actions they must take for one person at risk of harm if they were to leave the home without staff supervision.

We found a wide range of risk assessments were developed to ensure people were safe from avoidable harm. For two people the measures in place ensured they were safe when staff were not present which included ensuring people had the keys to the house, ensuring appliances were switched off and ensuring people knew the contact details of the staff and emergency service.

The risk assessment action plan for another person who delivers weekly newspaper included ensuring the person had their mobile phone, the staff knew the expect time for the person to return and drop off points for the newspapers.

Personal care risk assessments in place included the control measures for staff to ensure people's safety. For example, action plans for a person having a bath included ensuring a bath mat was used and for staff to check water temperature.

A member of staff said the home was fully staffed. They said two staff were on duty throughout the day and one staff was slept in the premises at night. The rota in place showed bank staff were used to maintain staffing levels. On the day of the inspection a bank worker was on duty. We noted there were times at weekends when one staff was on duty. The registered manager told us the staffing levels were appropriate to meet people's needs. They said bank staff were used to cover absence.

The two people we asked told us the staff administered their medicines. Medication Administration Record (MAR) charts were signed by staff to show they had administered the medicine. Protocols on administering "when required" (PRN) protocols were in place. For example, pain relief and for agitation. Protocols for pain relief gave instruction of administration which included the maximum dose that can be administered within a 24 hour period.

Good

Is the service effective?

Our findings

A member of staff said they had an induction when they started work at the home. They said there was a combination on in-house and classroom based training. A package of training set by the provider had to be completed and to ensure the staff had developed the required skills needed for the role their knowledge was tested. The training attended during induction included safeguarding of vulnerable adults from abuse, moving and handling and first aid.

Training was provided by the organisation and this member of staff said the training programme was good. They told us dementia level 2 training was provided for them to meet the changing needs of one person at the service. We saw that in July 2015 the provider had arranged training courses in holistic care planning, Mental Capacity Act (MCA) and moving and handling. The training plan for the home included the training staff had to attend which included infection control, moving and handling, first aid and Health and Safety.

Members of staff were supported with personal development through regular supervision with their line manager. A member of staff said supervision was regular, the meetings with their line manager were relaxed and they were able to discuss concerns.

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.

The people we asked said they made daily decisions. One person said they made all their decisions including medical. A member of staff said people were able to make daily decisions. For example, people chose their clothing, activities and menu.

Signed consent agreements were kept in care records for people. For one person the consent agreements stated "I can make my own choices and decisions throughout the day. Staff support me to attend health appointments but I decide if I want to go? or not." For another person the consent agreement was updated in June 2015 with the outcome of a discussion with the person. It was recorded the person had accepted more assistance was needed from the staff with decision making.

People's capacity to make decisions was assessed. We saw a staff had documented that MCA assessments were to be conducted and best interest decisions taken for one person following the dementia diagnosis. MCA assessments were undertaken for specific decisions which included medicine administration, pain management, flu vaccine and medical treatment. For example, the MCA assessment for one person determined they had capacity to make decisions about having flu vaccine. For another person the MCA assessment determined they lacked capacity to make decisions about the administration of pain relief. Best interest decisions were made and a support plan developed which included the involvement from healthcare professionals, the directions for administration of pain relief and the actions staff should take

should the person refuse.

A member of staff said one person was reluctant to accept personal care. They said staff explain the tasks, appeal to them and make an agreement on when the person will accept personal care.
The risk assessment for one person gave staff guidance on the actions they must take when one person leaves the home without staff support. Described within the risk assessment were the triggers and signs that indicate the person may leave the premises without telling the staff, the patterns of behaviour such as known places the person will visit. One person told us "[I] steam out of the home and go off. Not so much recently. The staff will come and find me and I will always come back.

Behaviour guidelines were in place for one person who at times was inappropriate. Members of staff were given guidance on the types of inappropriate behaviours presented and how they were to respond. Staff were to explain the reasons the behaviour was unacceptable and were to give clear instructions.

Meals were appropriately spaced and flexible to meet people's needs. The people we spoke with told us they were able to prepare refreshments and snacks. A member of staff said three people were able to make snacks and refreshments. They told us the menus were on a four week rota, there was flexibility and alternatives were available. Menus included each person's preferred breakfast meal, snacks as well as the evening meal. People prepared their breakfast, at lunchtime people went out for lunch or had a light lunch and in the evening a cooked meal was served. We found a good range of provisions which ensured people had enough to eat and drink.

People told us they had access to healthcare professionals. One person said at times they visit the GP on their own. A member of staff said GP appointments were organised by the staff. They said there was input from specialists and from community healthcare professionals. For example, there was psychiatry and district nurse involvement into some people's care. The outcome of the visits which included advice on treatment was recorded by the staff.

Health Action Plans were in place for people to ensure there was planned support from GPs and the primary healthcare team. People had annual health checks by the GP and had regular check-ups with the dentist and optician. Action plans ensured people healthcare needs were met and ensured people had access to the relevant health and social care professionals. We saw for one person photographs were used to help them understand the tests to be undertaken.

Hospital passports were developed on essential information about the person, their current medical condition and medicines administered. Hospital passports ensure medical staff have the information needed to deliver care and treatment in the event of an emergency.

The staff told us about an incident which occurred outside the service involving one person and a member of staff. The registered manager and staff discussed the incident and made decisions on the action to take which ensured the person's health was investigated. This meant changes in behaviours were investigated to ensure medical attention was sought in the event there was deterioration in health care conditions.

Good

Is the service caring?

Our findings

People said the staff were kind. One person said "I like living at the home" and the staff helped them make sure the food kept in bedrooms were in date. Another person told us they had assistance from staff with their care and treatment needs.

A member of staff said they listened to and understood the people at the service which then ensured the interaction between them was effective. They said there were opportunities for staff to spend time individually with people and in groups. There was one to one keyworker time [staff assigned to specific people] and after the evening meal there was time for staff to spend with people. This member of staff also told us care plans had information about people which gave staff an insight into the people at the service. The information recorded by the staff showed a caring manner to people.

We spent time during the inspection observing the interaction staff had with people. The interaction was meaningful and not task led. For example, we heard staff discuss with people the arrangements for the day, the transport arrangement including how they were going to make their way home.

People told us they were involved in the planning of their care. The people we spoke with said they were able to manage their personal care. For one person there was a summary and "About me" profile. The "About me" profile gave a brief outline of the person's character, their preferences for example, being in a routine and their family dynamics. The one page summary described the things other people liked about them, the things important to the person for example, watching television and how staff were to support them. Daily routine plans included people's ability to manage their personal care, meal preparation and their preferred activities.

People were supported to maintain relationships. A member of staff said where appropriate people were helped to maintain contact with relatives and friends. They said staff organised visits to relatives and for one person the staff made attempts to trace their past history. The organisation was able to provide accommodation to a married couple. We saw for this couple spending time together in their bedroom was important.

People told us the staff respected their rights. One person said before the staff entered their bedroom they knocked on their bedroom door. They said keys to their bedroom were provided and they locked their bedroom door. A member of staff explained they delivered people's care and treatment in the manner people wanted which ensured their rights were respected. They gave us examples on how people's privacy was respected which included knocking on bedroom doors before entering and providing personal care in private.

Good

Is the service responsive?

Our findings

People told us they participated in the planning of their care and treatment. One person said the staff sometimes went through their care plan with them and they signed their care plan. Another person said the staff always went through their care plan with them.

We found the information documented was duplicated. For one person there was a statement of consent dated 17 June 2013 which stated the person was able to make choices which in 2015 was updated. Staff had recorded the person had accepted more support was needed. We saw another statement dated 30/10/2015 where it was recoded Mental Capacity Assessments (MCA) were to be undertaken on specific decisions as the person was diagnosed with dementia. Guidelines were also developed as the person was diagnosed with dementia and they needed more assistance with making snacks, refreshments, and personal care and household tasks.

We found records associated with staying home alone were duplicated for one person. We found a number of statements and guidelines and three risk assessment for staying home alone. For example, one risk assessment was based on the person having keys to the home when they were at home alone. This meant separate care plans and risk assessments were developed for the same area of need. However, plans were not linked to each other which may cause confusion. Members of staff may assume a care plan was in place for each area of need that was amended when reviewed or as people's needs changed. The registered manager was to consider incorporating all the information gathered to develop detailed care plans and associated risk assessments.

We recommend that the service seek advice and guidance from a reputable source, about the developing detailed care plans.

Care plans in place described the purpose of the plan, the person's assessed needs, and assistance needed from the staff. For example, the objective of the Eating and Drinking care plan for one person was to provide a balanced diet. Within the care plan were the issues that affect the person such as "struggling to hold utensils" and the actions needed to meet the objectives. Staff told us the care plans were developed by the registered manager. They said care plans were up to date and were reviewed annually.

The choices care plan for one person stated they were able to make decisions for example; the person was able to make decisions about what to eat and where to eat their meals. Statements associated to the care plans were in place. For example the nutritional statement for this person listed their ability to manage their dietary requirement. It was recorded the person had a fridge in their bedroom; they had received food safety training and was able to plan their menu.

Behaviour guidelines were in place for one person who at times presented staff with inappropriate behaviours. Recommendations from healthcare professionals were used to develop behaviour guidelines. The guidelines detailed the types of challenging behaviours and how staff were to respond. Staff were to give personal time to the person to avoid challenging incidents and when inappropriate behaviour was

exhibited they were give clear instructions. A script on the responses from staff was included within the guidelines. For example, staff were to say "No XX this is no ok".

Person Centred Care plans included their goals and a plan on how the goals were to be met was devised. For example, one person's goal was to have a holiday overseas and to prepare meals. The action plan for meal preparation included developing a shopping list, plan a menu and staff were to record the progress.

Staff were kept informed on people's current needs and events. A member of staff said there were verbal and written handovers. They said there was a verbal handover when they arrived on duty, the handover book included the tasks to be completed and individual diaries described people's daily events. People's daily events were documented in their individual diaries. For example, the times people woke, personal care routines and activities. Staff also recorded their observations of people's behaviour and medicines administered.

People participate in meaningful activities. One person was employed to deliver weekly newspapers. Guidelines were in place on how to support the person with their employment. A member of staff said two people participated in day care activities and clubs. They said the other two people preferred not to participate in organised activities but one person was employed to deliver weekly newspapers.

The household tasks rota included the tasks were to be completed by people at the home. For example, people were designated to empty the dishwasher, lay tables and prepare vegetables

People were aware of the complaints procedure. One person told us they approached staff when they felt sad. Another person said they would first tell a friend if they were not happy. They said this friend would then help them to raise concerns with the staff. A member of staff said "we don't ignore complaints". We ask people to come and have a chat". They said it was to determine the nature of their complaints. Where complaints were made about the staff the registered manager was made aware of the concerns raised.

Good

Is the service well-led?

Our findings

Feedback about the service was gathered from people, visitors and from staff including bank and relief staff. People told us their views were gathered during tenant meetings. We saw at the tenants meeting held in April 2016 household tasks, holidays and furniture.

Team meetings were held regularly and the minutes of the meeting held in August 2016 detailed the agenda followed. For example, the people living at the service. A member of staff said team meetings were monthly, the registered manager convened the meeting and the area manager attended. They said minutes of the meetings were taken and staff were able to use them for reference on topics discussed.

Questionnaires were completed by visitors and by relief and agency staff. The agency staff that completed the questionnaires stated the handover given to them was "good."

A registered manager was in post. The registered manager told us they managed two services and two good senior carers supported them with the day to day management of the service. They said the service operated smoothly and there was forward planning. A member of staff told us the team was good and they worked well together. They said "We speak. You know you have the support of the team."

The organisation had clear vision and values on the quality of care people were to receive. A member of staff told us the organisation was based on "assisting people to achieve and maintain an ordinary life within the community they knew."

Quality assurance arrangements in place ensured people's safety and well-being. Monthly self assessment forms were completed by the registered manager. The house development plan dated July 2106 showed the areas for developing which included training for staff, activities for people and care planning. The action plan developed from the assessment included the ongoing redecoration of the property, holidays for people to be organised and staff had started the reviewing care plans and health action plans.

Internal audits were undertaken to assess and monitor the quality of the service. For example, medicine and support plans.

Quality assurance visits were undertaken by senior managers. 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. At the most recent visit all areas reviewed were met.