Ordinary Living Limited

Ordinary Living

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service
Ordinary Living is a supported living service providing personal care to 30 people at the time of the inspection. The service provides support to people with a learning disability and/or autistic people. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found
The service was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

The service registered office was located on farmland which was accessed by a private lane. The office was adjacent to a cluster of five buildings which were home to some of the people using the service. The private lane led to a main road without pavements and it would be difficult for people to leave the service independently and walk to use local amenities. There were no other private houses in the vicinity and the feel was comparable to a campus style setting. A building was being developed for use as an activities hut. This increased the risk of the service becoming insular and further isolated from the local community.

Right Support
- Staff had not always worked with people to identify goals and aspirations. Where goals had been identified there were no clear plans to help people achieve them.
- There was a lack of oversight of the restrictive practices in place. This meant they might not be reviewed regularly to ensure they remained proportionate and the least restrictive option.
- The service did not consistently follow the legislation as laid out in the Mental Capacity Act. When decisions were made on behalf of people who lacked the capacity to do so themselves best interest processes were not always followed.
- People's accommodation met their needs. Where necessary reasonable adjustments were made so people were able to maintain their independence.
- People were able to pursue their individual interests and staff worked flexibly to support this.

Right Care
- Risk assessments were not always in place as needed. Guidance for staff on how to keep people safe

lacked detail.
● Care records were brief and did not reflect people's preferences. There was little detail in relation to routines, food preferences and what would make a good day for people.
● The service had enough staff to meet people's needs and keep them safe.
● People received kind and compassionate care from staff who knew them well.

Right culture
● Language in records was not consistently person-centred or dignified.
● Audits completed at the service by the management team had not identified areas for improvement.
● There were no communication plans in place to help staff and others gain an understanding of people's preferred communication styles.
● People, families and staff told us they were confident the service was well managed.
● Staff turnover was low which meant people were more likely to receive consistent care from staff who knew them well.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating
This service was registered with us on 18 December 2020 and this is the first inspection.

Why we inspected
We undertook this inspection to assess that the service is applying the principles of Right support right care right culture.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to the provision of person-centred care, the requirements of the Mental Capacity Act, the assessment and management of risk, oversight of the service and staff training. Please see the action we have told the provider to take at the end of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was not always safe.	**Requires Improvement**
Is the service effective? The service was not effective.	**Requires Improvement**
Is the service caring? The service was caring.	**Good**
Is the service responsive? The service was not always responsive.	**Requires Improvement**
Is the service well-led? The service was not well-led.	**Requires Improvement**

Ordinary Living

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
One Inspector and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
This service provides care and support to people living in nine 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had two managers registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 5 April 2022 and ended on 12 April. We visited the office location on 5 and 8 of April.

What we did before inspection
We reviewed information we had received about the service since they registered with CQC. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send

us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We met with five people who used the service and seven relatives about their experience of the care provided.

We spoke with seven members of staff including the two registered managers.

We reviewed a range of records. This included three people's care records and three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with a further three members of staff and received an email from one more. We received feedback from ten professionals who regularly visit the service.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated requires improvement: This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Staff did not always have guidance to help them keep people safe from identified risks. One person had fallen several times in recent months. There was no risk assessment in place to help staff support the person to mitigate the risk.
- Some people could become distressed or anxious leading them to behave in a way which could put themselves, or others, at risk. Guidance for staff on how to support people at these times was vague. For example, risk assessments referred to 'self-management techniques' There was no further information about what these techniques were.
- One person's risk assessment signposted staff to a second document for more detail on how to support them when they were distressed. The information was confused and had been altered several times.
- Incident records showed one person had fallen and sustained a bruise to the head. There was no record any medical advice had been sought at the time. Although staff had contacted the medical centre the following day this had been to raise a general concern about an increase in falls rather than the specific incident.
- Accidents and incidents were recorded and reviewed by the management team to enable them to identify trends. However, action had not been taken to respond to identified risks.

This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- One person was encouraged to collaborate with staff to produce their own risk assessments. This supported their understanding of risk.
- Checks of people's homes were carried out to help manage the safety of the environment. For example, fire and utility checks.

Using medicines safely

- Medicines were not consistently well managed. Records to highlight if medicines were effective and appropriate were not robust.
- Some people had medicines available to use 'as required' (PRN). Staff recorded when they had administered this and why. There was no system in place to record whether the medicine had been effective.
- The training matrix showed some staff had not completed or updated their medicine training in line with guidelines. Competency assessments were planned to be carried out annually but not all staff had been

through this process in line with the providers policy.

This contributed to the breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● There had been a series of medicine errors over recent months. The registered managers had introduced more robust staff handover and auditing systems to try and address the issue and highlight any errors quickly.

Staffing and recruitment
● Staff told us there were enough staff to enable people to take part in activities they enjoyed, including during the evening and at weekends.
● The service completed background checks on newly employed staff before they started work. One application form did not give a detailed employment history. We raised this with one of the registered managers who assured us they would make sure any gaps were followed up in future.
● There was a stable staff team working at the service. This helped ensure people received consistent care from staff who knew them well.

Systems and processes to safeguard people from the risk of abuse
● Posters outlining safeguarding processes were displayed in the office. A safeguarding policy was in place, this did not contain the details of local safeguarding authorities.
● Staff told us they would raise any concerns they had with their line manager. They were confident they would be listened to and appropriate action taken.
● People told us they felt safe. One person said they had not always felt safe in the past but definitely did since they had been receiving support from Ordinary Living.

Preventing and controlling infection
● Staff used personal protective equipment appropriately and in line with guidance.
● The service made sure that infection controls could be effectively prevented or managed. Other agencies were alerted following any outbreak.
● Staff tested regularly for Covid-19 in line with guidance. On arrival at the service's office visitors were asked for proof of a negative lateral flow test and had their temperature taken.
● People were supported to keep their accommodation clean. Food was stored correctly, and staff helped people with the preparation of food.

Requires Improvement

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Although some capacity assessments were in place, we identified occasions where these had not been completed. Decisions taken on people's behalf were not consistently recorded in line with the best interest process to ensure they were proportionate and the least restrictive option.
- One person had medicines administered covertly (hidden in food). The GP had written to say they were in agreement with this practice but there had been no input from a pharmacist to ensure it was appropriate to take the particular medicine in this way. There was no capacity assessment or evidence of a best interest meeting taking place in respect of this decision.
- The same person had an audio monitor in their room to enable staff to monitor their well-being whilst they were sleeping. No mental capacity assessment had been completed in respect of this decision. There was no evidence the best interest process had been followed.
- External healthcare professionals commented they had found a lack of understanding of the Mental Capacity Act. One commented; "The staff team do not appear to have an understanding about mental capacity assessments and best interest processes."

This was a breach of Regulation 11 (Consent) of the Health and Social Care Act 2008 (Regulated Activities)

Regulations 2014.

Staff support: induction, training, skills and experience
● Staff were not supported to receive regular and up to date training to give them the necessary skills to support people effectively.
● A training matrix showed there were gaps in training in several areas. Although the providers safeguarding policy stated safeguarding training should be updated annually in line with good practice, the matrix showed it was only updated every three years.
● Some people using the service had specific medical conditions. Not all staff had received the appropriate training to support them in this area.

This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The registered managers told us they had identified this gap in staff training and were taking action to address it. They had invested in a new on-line training programme which would help them monitor when training was due to be refreshed.
● Newly appointed staff completed an induction and period of shadowing prior to starting to work independently. One new member of staff told us this had given them the confidence they needed.
● Staff received supervisions. They told us they felt well supported by management and could raise issues at any time.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● The service was not set up in line with the principles of Right support, right care, right culture. The office was based on farmland which was accessed by a private lane. Also based on the land were five houses where people using the service lived. This was two more than had been in place at the time the service was registered. Another building was being developed as an 'activities hut.' There was a risk the service would become isolated from the local community.
● The management team assessed people's needs before offering them support from the service. These assessments were used to develop care plans.
● It was not clear how often people's needs were reassessed or how involved people and their families were in reviews. This is covered further in the well-led section of the report.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support
● People were not always supported to eat a healthy and varied diet and maintain a healthy lifestyle.
● It had been identified that one person needed support to maintain a healthy weight. There was no guidance for staff on how they could do this. Their food preferences were not recorded, and a menu showed they frequently ate high calorie meals.
● Daily records showed the person had been out ten times in February. On six occasions they had walked around the immediate area outside their home. On three occasions they had been out for breakfast. This did not indicate they were being encouraged to take regular exercise or follow a healthy eating plan.
● The person had a health action plan (HAP) in place. This stated that they refused any medical examinations and a plan should be developed to try and support them to overcome this. There was no plan in place. This was a concern as the person's weight meant they were susceptible to developing health conditions.

This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008

(Regulated Activities) Regulations 2014.

● People were involved in choosing their food and planning their menus. One person told us staff supported them to prepare meals in the kitchen.
● People were supported to see the GP and other healthcare professionals for routine check-up's.
● When it had been identified that aspects of people's health should be regularly monitored this was completed.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Feedback in relation to staff from relatives and external professionals was positive. Comments included; "Staff members are very caring and very good supporting clients one to one and have a lovely relationship with clients" and "We have witnessed some very positive interactions between clients and staff members who appear to very much care about the people they support" and "[Name's] obviously so pleased to be in their place with their staff, they are amazing."
- People were supported to attend church if that mattered to them.
- Staff were respectful when talking about people and demonstrated an understanding of their needs.
- Staff were focused on people and attentive to their emotions. They quickly recognised if people started to become unsettled.
- Staff had not received Equality and Diversity training. The registered managers told us this would be included in the new training programme.

Supporting people to express their views and be involved in making decisions about their care

- People had keyworkers who had oversight of their care and support. Keyworker meetings were held regularly to gather people's opinion of the service.
- We observed people coming to the office to speak with managers and this was something they were clearly comfortable doing. A manager spoke with one person for some time about a worry they had and how they would like to do something differently.
- People told us they were able to make decisions about how and where they spent their time.
- It was not clear whether people were involved in the formal development of care plans. There was inconsistent evidence people had consented, where they were able, to their care plans.

Respecting and promoting people's privacy, dignity and independence

- We observed staff ensuring people's privacy and dignity was not compromised.
- Staff supported people to keep in touch with their families. Important birthdays were recorded so staff could remind people to buy cards.
- Staff knew when people needed their space and privacy and respected this.
- When people required adaptations to their accommodation to support them to maintain their independence this was arranged for them.

Requires Improvement

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Some of the information in care plans was brief and lacked detail. There was scant information on people's preferred routines for example.
- People were not being supported to set and achieve meaningful goals. One person's records stated they did not have the capacity to have goals which indicated staff had low expectations for them. Other people had goals, such as to develop a healthier lifestyle, but there was no clear plan in place as to what steps they might take to achieve this.

This was a breach of Regulation 9 (Person centred care) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

- The provider was in the process of updating the care planning system and replacing handwritten care plans with electronic ones. One of the registered managers told us this would be an opportunity to update and review all care plans.
- Despite the lack of documentation staff knew people well and worked hard to provide person centred care in line with people's needs and preferences.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People did not have communication passports or anything similar to describe their preferred method of communication. The registered manager told us these were being developed with the support of the local learning disability team.
- An external professional told us the service did not work well with them to support people with their preferred communication methods. They told us; "I feel staff mean well but unfortunately do not adapt their communication for the benefit of the people they support."

This contributed to the breach of Regulation 9 (Person centred care) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

● People were supported to go on local walks, go shopping and visit cafes and restaurants if they wanted to.

● Staff explained how their working hours were flexible to enable people to go out in the evenings if they wished.

● Staff supported people to find local paid employment and voluntary work where this was appropriate and in line with their wishes.

● One person told us they were considering seeking employment in a different industry to the one they were currently working in and that staff were supportive of this.

● An external healthcare professional told us; "Individuals supported by Ordinary Living are visible in the local community and are also supported to explore and arrange activities and trips further afield, including trips to Dartmoor Zoo/wildlife park and a helicopter trip."

Improving care quality in response to complaints or concerns

● Complaints were recorded and responded to in line with the provider's policies and procedures.

● People told us the names of staff they would talk to if they had any complaints. One commented; "I have complained before, it was sorted out."

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and registered managers completed audits of the service. In some areas these had identified areas for improvement and action had been taken. For example, they had identified an increase in medicine areas and improved systems in response. Other shortcomings had not been identified, including gaps in capacity assessments and best interest processes, failure to risk assess in response to people's needs and gaps in staff training.
- The provider had not recognised the risk of the service becoming insular and care not being delivered in line with Right support, right care, right culture. Plans to develop an activity hut had not been recognised as potentially contributing to people's further isolation from the community.
- There was no monitoring system in place to check the service was working in accordance with the underpinning principles of the guidance.
- The providers policies and procedures did not support the effective running of the service. A Mental Capacity Act policy contained misleading and incorrect information. There was no Duty of Candour policy in place and the Safeguarding policy did not contain contact details for the local safeguarding authorities.
- Some of the people supported by the service had restrictions in place to help keep them safe. There was no log of the restrictive practices or system to ensure these were regularly reviewed and that they remained proportionate and the least restrictive option.
- The management team had failed to provide staff with robust guidance on how to keep people safe. Risk assessments had not always been completed appropriately. There was no head injury protocol in place for staff to follow in the event of someone banging their head.

This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider was planning to create a new role at management level to help ease the workload pressure on existing managers.
- The two registered managers told us they worked well together and recognised each other's strengths. They were developing clear areas of responsibility.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

● Audits had failed to identify when records did not reflect a dignified and person-centred approach to care.

● A notebook contained information about one person's needs, although this information was not included in care plans. The language used was devaluing. For example; "Do not feed crisps to X" and "We do not feed cake for breakfast no matter how much he is moaning and rattling the pantry door."

● A document outlining how to recognise when a person was in distress stated; This might be preceded by grunting/growling vocalisations."

This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● Despite the shortcomings in systems and documentation we found people to be happy, at ease and comfortable. Staff were very relaxed with people, offering support unobtrusively.

● Staff meetings were held to give staff an opportunity to discuss individuals support and raise any suggestions.

● There was no formal means of gathering the views of families, friends and professionals. A registered manager told us this was an area they were looking to develop.

● Relatives were complimentary about how the service was managed. One told us; "The owner is wonderful, any issue is actioned and discussed straight away, I've never had pushback to compromise in any way. I trust them and the staff and all of Ordinary Living really."

Working in partnership with others

● Feedback from external agencies was mixed. Some external healthcare professionals told us they had found it difficult to engage with the service. References were made to; "Repeated barriers we've encountered in recommendations being taken on board and taken forward" and "Trying to engage with making meaningful changes for our respective clients to little/limited impact."

● We did receive positive feedback from other professionals. For example; "[The management team] are accessible and supportive and usually respond to emails and calls in a timely manner" and I have always found the Senior Management team to be approachable, easily accessible and supportive in working in partnership with Adult Social Care."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The care of service users did not consistently meet their needs and reflect their preferences.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered persons had failed to assess risks and do all that was reasonably practicable to mitigate risks.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff had not received appropriate training to enable them to carry out their duties.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Service users were not supported in accordance with the Mental Capacity Act.

The enforcement action we took:

We issued a warning notice

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes in relation to monitoring the quality of the service were not effective.

The enforcement action we took:

We issued a warning notice