Life Opportunities Trust

Life Opportunities Trust - 329 Martindale Road

Inspection report

329 Martindale Road
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18 May 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?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 17 and 18 May 2016 and the first day was unannounced. The last inspection took place on 17 July 2014 and the service was compliant with the regulations we checked.

329 Martindale Road is a care home providing personal care for up to 7 adults. People living at the service have a range of needs including learning and physical disabilities.

The service is required to have a registered manager. 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 service had a registered manager who had been in post since 2013, however although they still worked for the provider they were no longer managing the service. There was an acting manager in post at the time of inspection.

The Care Quality Commission had not received notification of events that the provider was required to inform us of.

Systems were in place to safeguard people against the risk of abuse and staff understood these.

Staff recruitment procedures were in place and being followed. There were enough staff available to meet the needs of people using the service.

Risk assessments were in place for maintaining people's safety and were being followed. Servicing of equipment was carried out to keep the service safe.

People were receiving their medicines safely.

Staff received training to provide them with the skills and knowledge to care for people effectively.

Staff understood people's rights to make choices about their care and the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), so they acted in people's best interests. This is where the provider must ensure that people's freedom is not unduly restricted.

People's dietary needs and preferences had been identified and were being met.

People's healthcare needs were identified and they were supported to receive the input they needed from healthcare professionals.

Support plans were in place for people's identified needs and interests to provide staff with the information they needed to meet these. People's needs were reviewed to ensure changes were identified and could be

met.

Activities took place and people's individual interests were identified and responded to.

There was a complaints procedure in place and relatives said they would feel able to raise any concerns they might have so they could be addressed.

The service had an acting manager and relatives, staff and healthcare professionals said she was approachable and supportive.

There were systems in place to assess and monitor the quality of the service.

We found two breaches of the Care Quality Commission (Registration) Regulations 2009. You can see what action we told the provider to take at the back of the full version of the 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?

Good

The service was safe. Systems were in place to safeguard people against the risk of abuse and staff understood these.

Staff recruitment procedures were in place and being followed. There were enough staff available to meet the needs of people using the service.

Risk assessments were in place for maintaining people's safety and were being followed. Servicing of equipment was carried out to keep the service safe.

People were receiving their medicines safely.

Is the service effective?

Good

The service was effective. Staff received training to provide them with the skills and knowledge to care for people effectively.

Staff understood people's rights to make choices about their care and the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), so they acted in people's best interests. This is where the provider must ensure that people's freedom is not unduly restricted.

People's dietary needs and preferences had been identified and were being met.

People's healthcare needs were identified and they were supported to receive the input they needed from healthcare professionals.

Is the service caring?

Good

The service was caring. Staff supported people in a gentle and friendly manner and people responded positively to staff interactions.

Support plans were person-centred and reflected each individual. Staff treated people with dignity and respect and demonstrated a good understanding of the care and support each person required.

Is the service responsive?

Good

The service was responsive. Support plans were in place for people's identified needs and interests to provide staff with the information they needed to meet these. People's needs were reviewed to ensure changes were identified and could be met.

Activities took place and people's individual interests were identified and responded to.

There was a complaints procedure in place and relatives said they would feel able to raise any concerns they might have so they could be addressed.

Is the service well-led?

Requires Improvement

The service was not always well led. The provider had not always notified the Care Quality Commission of events they were required to inform us of.

The service had an acting manager and relatives, staff and healthcare professionals said she was approachable and supportive.

There were systems in place to assess and monitor the quality of the service.

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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 17 and 18 May 2016 and the first day was unannounced.

The inspection was carried out by one inspector. Before we inspected the service we checked the information that we held about it, including notifications sent to us informing us of significant events that had occurred at the service. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about.

Before the inspection, we asked the provider to complete 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. They did not return a PIR and we took this into account when we made the judgements in this report.

During the inspection we spoke with one person using the service, the acting manager, the senior support worker, two support workers, an activities provider, an advocate and two church representatives. Following the inspection we sought and received feedback from two relatives, one healthcare professional and two social care professionals. We also contacted the provider's nominated individual who was on leave at the time of the inspection. A nominated individual is a senior person who has responsibility for supervising the management of the service and for ensuring the quality of the service being offered.

We viewed staff recruitment information for four permanent staff and recruitment check confirmations for six agency staff, support plans for three people using the service, policies and procedures and a selection of

maintenance and servicing records. The majority of people using the service had limited or no verbal communication skills. We used the Short Observational Framework for Inspection (SOFI) to observe the lunchtime meal. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also observed the interaction between staff and the people using the service throughout the inspection.

Good

Is the service safe?

Our findings

People were being kept safe at the service and protected from the risk of abuse. Staff had received training in safeguarding vulnerable adults. They were able to identify the different types of abuse and knew to report any concerns or suspicions of abuse. Safeguarding and whistleblowing policies and procedures were in place and an easy-read safeguarding policy was put on display in the service so it was freely available to people, staff and visitors. Staff knew the agencies they could contact such as the local authority, Care Quality Commission or the police to report any concerns if necessary. People's monies were being managed and any money held on behalf of people was stored securely. Individual records for people's income and expenditure were kept and these were audited every two weeks to ensure they were up to date and accurate.

Risks were identified and action was taken to keep people safe at the service. Risk assessments for individuals were in place and identified areas of risk and the control measures in place to minimise them. Risks identified included medicines, eating and drinking, fire risk during the day and at night, going out in the community, epilepsy and use of an electric hoist. Where someone's condition had improved and they were able to be more independent with moving around the service, the risk assessment had been updated. Where someone had sustained a bruise following a fall, this had been documented and reported to the GP and to social services along with an updated risk assessment, so they were kept up to date. We also viewed risk assessments for the premises, equipment and safe working practices which had been reviewed in May 2016 to keep the information current.

Action was taken to minimise the risk of injury to people. In the last 12 months there had been three incidents where people had sustained minor injuries. These had been identified, recorded and investigated and an action plan put in place to minimise the risk of recurrence. Any medicine errors or omissions were reported to the GP and community learning disability team and to the provider. They were investigated and action taken to minimise the risk of recurrence, for example, ensuring two staff were present when medicines were being administered.

Servicing records for gas safety, all hoists in use in the service and beds were available and up to date. Servicing for the fire alarm and emergency lighting was due and the acting manager had already identified this and was taking action to ensure the servicing was carried out. During the inspection the fire alarm check was carried out. It was identified that one of the automatic door closures required a new battery and this was done promptly. The fire risk assessment had been completed in September 2015 and had not identified any issues. Fire drills had been completed at least two monthly and the emergency lighting was checked each month and action taken to address any shortfalls identified. Staff were able to describe the action to be taken if someone was unwell and needed emergency first aid, including responding to someone having a seizure as some of the people using the service had epilepsy. This meant procedures were in place to keep people safe and to provide staff with the information they needed in emergency situations.

Recruitment processes were followed so that only suitable staff worked at the service. Staff confirmed that the required pre-employment checks had been carried out prior to them working at the service.

Employment information was kept at head office and recruitment information was made available for us to view. We saw confirmation that checks including references, Disclosure and Barring Service (DBS) or criminal record checks, health clearance and evidence of people's right to work in the UK had been done for permanent and bank staff. Agency staff also worked at the service. The agencies used by the service had supplied information for each member of staff that confirmed the required pre-employment checks had been carried out.

There were appropriate numbers of staff on duty to meet people's needs. The acting manager told us there were three staff on duty during the day and one waking and one sleep-in night staff. The rota we viewed confirmed this and staff told us there were enough staff on duty to meet people's needs. They also said if additional staff were required, for example, if someone had an appointment to attend, then this was arranged to ensure there were enough staff for the people at the service. We saw that if people were going out into the community they were supported by staff to do so and that during the time of our inspection there were enough staff available to meet people's needs.

Medicines were being managed so people received them safely. Staff had received training in medicines management and they were able to describe the procedure they followed when administering people's medicines, which involved two staff to check and observe that the medicine had been safely administered. We also observed staff administering medicines to a person and they explained what the medicine was and observed them take it. Medicine administration record charts (MARs) were in place and were supplied by the dispensing pharmacist and were signed by two staff each time a medicine was administered. We viewed the MARs for all the people living at the service and these were complete and up to date.

For people on regular medicines these were obtained from the dispensing chemist in 28 day monitored dosage packs. Some medicines were also supplied in the original packaging and a stock balance sheet was in place for these alongside the MARs. We checked the stocks for 18 morning medicines in the monitored dosage packs and for six boxed medicines and the stocks tallied with the numbers given and the records being maintained. There was a front sheet for each person in the medicines records and this included information such as a photograph, any allergies, the name of their GP and instructions about how each person took their medicines, so staff could follow this.

There was one 'as required' (PRN) medicine for epilepsy that needed to be taken with the person when they were out of the service. We saw a record of each time the medicine was taken out and brought back to the service. Staff had received training to administer medicines for people with epilepsy if they were having a seizure, so they understood the different routes that medicines for this could be administered and when to carry this out. For other PRN medicines a stock balance was being kept and a weekly audit was carried out to monitor the stock balances. Protocols were not in place for all PRN medicines and the acting manager took action to address this during the inspection. Staff were knowledgeable about when PRN medicines were to be administered. Liquid medicines had been dated when opened and expiry dates were also identified.

The medicines room temperature had been recorded regularly as being over the recognised safe level of 25 degrees centigrade and ice packs were placed in the medicines cabinet daily to help manage this. Action was taken to relocate the locked medicines fridge during the inspection, as this generated additional heat and also to ensure the air conditioning unit was working effectively. The acting manager said further action would be taken to ensure all medicines were being stored at safe temperatures.

Good

Is the service effective?

Our findings

Staff received the training they needed to provide them with the skills and knowledge to care for people effectively. Staff demonstrated a good understanding of people's needs and how to meet them. Some staff told us they in addition to the annual training and updates they had completed a recognised qualification in health and social care. Staff training records included evidence of training in food hygiene, epilepsy awareness, enteral feeding, which is when a person is fed via a tube because they are unable to eat, dementia awareness, moving and handling and infection control. The acting manager had drawn up a programme of supervisions for staff and they had all had supervision within the last month and this was scheduled to take place every two months. Staff said they felt well supported and confirmed they enjoyed working at the service. The acting manager said she was due to have an annual appraisal with the nominated individual in the near future, and would then be carrying these out for the staff at the service.

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 were offered choices and being able to make simple decisions, for example, to indicate a choice of what they wanted to wear each day and these choices were recorded. Staff explained how people who did not communicate verbally were able to make their choices known, for example, using body movements. Some people were not able to make decisions around their own safety or were physically unable to manoeuvre outside the service, so staff would take them out on trips so they had access to the community.

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). Five of the people using the service were subject to DoLS authorisations, which were up to date and two had been assessed and the paperwork being processed. The acting manager followed up on some paperwork at the time of inspection and was aware of any conditions contained within the authorisations, for example, to ensure care records were updated, which had been actioned. Two local authorities had advocates who visited the service. We met with one during our inspection and they were happy with the way staff cared for people and confirmed staff acted in people's best interests.

People's nutritional needs were identified and action taken to provide them with the food and drink they required. People had a range of dietary needs including those requiring soft foods or a liquid diet via a tube to maintain their nutritional status. Information about people's different nutritional needs was recorded in the care records and staff were able to tell us about the different types of food and nutrition people required. One person enjoyed foods that reflected their cultural background and this was included in their diet.

Staff provided the support and assistance people needed with their meals, for example, some people

needed full assistance from staff to eat while others needed gentle reminding to eat at a slower pace, both in order to maintain a healthy dietary intake and eat safely. The service had a four week menu which staff were adhering to. People's weights were monitored monthly and we saw these were stable. If problems with people's nutrition were identified they were referred for input from the dietitian or speech and language therapist and instructions were recorded and followed. For example, using thickener in fluids for people to provide drinks at a consistency to minimise the risk of choking.

People's healthcare needs were being identified and met to help them maintain good health. We received positive feedback from the GP for example, when we asked if staff responded to new instructions they told us, "Yes, they are documented and followed." They also told us about the staff, "They involve other members of the healthcare team also, for example to prevent pressure sores for a patient who is bed bound and proactive reviews by the epilepsy specialist nurse."

People had health action plans in place and these were comprehensive, identifying their diagnoses, health needs and the care and support they required to maintain this and the input they received from healthcare professionals. These included the GP, dentist, chiropodist, optician, community nurse, psychiatrist, epilepsy specialist nurse, behavioural therapist and speech and language therapist. Staff accompanied people to healthcare appointments and these, along with any visits to the service made by healthcare professionals, were recorded in each person's care records. Changes in treatment were implemented, for example, recently a person's medicine had been reviewed and they had become more alert and mobile, so records and assessments had been reviewed to reflect this. During discussions with staff and also during the handover meetings we attended, staff demonstrated a good understanding of people's healthcare needs and provided feedback on appointments they had attended with people.

Good

Is the service caring?

Our findings

We asked one person if they liked living at the service and they told us, "Yes it's alright." The activities provider said of the service, "A happy, comforting place. Always a pleasure to come here." A healthcare professional fed back, "The [acting manager] is excellent and I find the staff caring and empathic, which is important given that they look after a vulnerable cohort group of patients. They also take their clients out to as much as they can." A relative told us, "I am made very welcome." The advocate told us, "The staff team is very pleasant and welcoming."

People were supported by staff who were caring and treated them with respect. We asked staff what was important to them when providing care and support. Comments included, "They are people like us, they just need more support." "Be humble and compassionate, approach people in a respectful manner" and "To give service with care, empathy, respect their privacy and offer them choices. I learn every day." Staff were gentle and friendly in their approach to people and demonstrated patience and understanding. There was a good atmosphere within the service and staff were able to communicate with people effectively and understood what they wanted.

People's wishes regarding the gender of staff providing their personal care was recorded in the support plans. Staff were aware of people's preferences and these was respected. Support plans also identified if people had a preference for male or female company generally, so staff would be aware of this. We asked staff what time people got up and went to bed and staff were clear this was individual choice and said they respected this. People were well dressed and staff explained they offered people a choice of what they would like to wear and observed their reaction, for example, some people used their eyes to communicate and would look towards the clothing they would like to wear.

We observed staff assisting people with their meals. They sat next to people, explained what the meal was and, where people required it, assisted them in a gentle way, ensuring each person ate at a pace that suited them and their needs. Staff understood the support each person needed at mealtimes and explained people's different ways to us. For example, one person would not eat if they were agitated, so staff maintained a calm approach and they then were happy to eat.

Each person had a key worker and these were staff they knew well and had developed a good relationship with, which we observed during the inspection. Staff told us they worked closely with the person they were the key worker for and this included supporting them to maintain as much independence as they were able to do, for example, supporting people with their mobility or to go shopping and choose new clothes. We saw people going out for trips with their key workers and they responded well to them.

Good

Is the service responsive?

Our findings

We asked all those we spoke with or received feedback from about the way in which staff responded to people's needs. Comments included, "The staff are proactive and the practice has a good working relationship." "The residents come first and if they call out staff come immediately." "Staff are very observant, they pick up any changes quickly and act on it." We also asked relatives what they felt about the service and comments included, "Very pleased. A lot has been done in providing special equipment needed." "I am quite happy with most of it" and "I think the staff at Martindale do quite well."

People received care that was personalised and met their individual needs. Each person had a support plan and these were person-centred and comprehensive, providing a detailed account of the person to include their life history, their needs and wishes and how these should be met. Because the majority of people were not able to communicate verbally it was important that staff could gain a clear picture of the person and the detail in the support plans provided the information they required. The support plans included information about 'fears and phobias' for example, someone who did not like dim lighting and became scared if they could not see properly. They also recorded any 'quirky habits' people had, so staff would be aware. Staff confirmed they read the support plans and were knowledgeable about people and their needs. People's needs were reviewed whenever there was a change in their condition and action taken to ensure changing needs were being met, for example, by referring people for healthcare input and following any instructions that were given.

Staff responded appropriately to people's changing needs to ensure these were met. Staff were attentive and reacted promptly to people's needs. For example, when someone became agitated they reassured them and went with them to the sensory room, where the person was able to relax and became calm. Another person indicated they wanted to leave the dining room and staff facilitated this. We attended the staff handover sessions and staff provided a clear verbal report about each person, the care and support they had received and any significant events or changes to their daily routines, for example, attending recent hospital appointments. There was also a daily log for each person and these were well completed and reflected the care and support people had received. Some people had lived at the service for several years and their needs in that time had changed significantly. Staff were able to tell us about people and the changes in their needs over time, where people's conditions may have improved or deteriorated. They also understood how to respond to sudden changes, for example, if someone had a seizure and knew the procedure to follow to provide the care and support people needed at such times.

During the inspection a singer came and entertained people for an hour. We saw people responded well to this activity, joining in by dancing or singing along and the programme was varied to provide something for everyone. There was also a session by two church representatives who read bible stories and they engaged people who could look at the pictures that accompanied the stories. People were attentive and one person told us they had enjoyed the reading and talking with the readers. The provider ran a social club two evenings a week and two people attended each time, so they met up with people from other services run by the provider. Information about people's religious and cultural needs was recorded, for example, the food someone enjoyed that reflected their cultural background. People's interests and hobbies were also

identified. People went out with their key workers and time was taken to plan the outing and identify what the person wanted to do, for example, to go shopping and then stay out for an evening meal.

The complaints procedure was available in the entrance hall in standard and easy-read versions. Copies of the local authority complaints forms were also available, should anyone wish to raise a concern directly with them. Relatives said they would feel confident to raise any issues they might have. There had not been any complaints received in the last 12 months and the acting manager understood the importance of recognising any issues and addressing them promptly.

Requires Improvement

Is the service well-led?

Our findings

Five people using the service were subject to Deprivation of Liberties Safeguards authorisations. The Care Quality Commission (CQC) must be notified of this and no notifications had been received. The acting manager addressed this shortly following the inspection. We were informed that the registered manager had been absent from the service for an extended period of time in 2015. In addition they had not been managing the service since March 2016 and there was an acting manager in post. The provider had failed to notify the CQC of either of these notifiable events.

This was in breach of Regulations 14 and 18 of the Care Quality Commission (Registration) Regulations 2009

Before the inspection, we asked the provider to complete 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. They did not return a PIR and so had not provided the information we had requested to use to inform our inspection and our report.

We asked staff their feelings about working for the service. Comments included, "I really enjoy this job. It is a good home environment for the service users." "It's been challenging and informative. It's very rewarding." "We have to work as a team, good teamwork." "[Manager] is really great, she listens and she takes action." "Management are very supportive. It is a good place to work" and "The manager has an 'open door' policy." We asked healthcare professionals their opinion of communication from the service. They said, "Very well. In addition to the usual methods the manager and I speak on the phone or email. They also have a strong relationship with Boots Pharmacy."

The acting manager had been in post since 23 March 2016. She had attained recognised qualifications in health and social care and had commenced a level 5 diploma in leadership for health and social care. The acting manager was knowledgeable about each of the people using the service and understood their needs and how these should be met. Staff told us the acting manager was supportive and approachable and there was good teamwork. The manager registered with CQC was no longer working at the service and we spoke with the nominated individual who confirmed the acting manager had been officially appointed for the service. The nominated individual said recruitment of a permanent manager would be undertaken with a view to appointing to this position by the end of July 2016.

The provider held monthly meetings for the managers of each service and the acting manager said there had also been a Dignity Activity Day for managers to discuss and exchange ideas about suitable activities for people using the services. Feedback from staff, healthcare professionals and relatives confirmed the acting manager was approachable and supportive, with a good knowledge of people's needs and how to support them effectively.

Satisfaction surveys were sent out in December 2015. We saw responses from healthcare professionals and feedback about the staff included, "Caring for the clients – carry out diligently any instruction/recommendation." "Staff always try and follow guidelines and have the client's best interest in

mind" and "Excellent Team." In addition to the daily handover meetings there were regular staff meetings and minutes were available to show the topics discussed and any action to be taken. Staff expressed their satisfaction with working at the service and there was good communication between them and with the acting manager.

The acting manager had drawn up a 2016/2017 business plan for the service. This identified several areas for maintenance including replacement of flooring, redecoration needed and garden maintenance. We also noted one of the sofas in the lounge was worn and in need of repair or replacement. The acting manager was not able to give timescales for the work and this was to be discussed with the provider, so a plan of works could be implemented. The service was clean and safe, however a plan of works with timescales was needed so it could be carried out in a timely way.

In-house monitoring forms had been completed monthly and where areas were identified for action, the acting manager was addressing them. For example, the updating of each person's support plan and arranging for the servicing of the fire safety system to be carried out. The provider also carried out monitoring visits and the acting manager had a copy of the April 2016 report and had an action plan to address issues identified which we saw they were progressing.

The acting manager had implemented the service receiving publications relevant to the needs of the people using the service available for staff to read, so they could keep up to date with current issues and good practice. Policies and procedures for each aspect of the service provision were in place and although some available were dated several years previously, the acting manager accessed up to date information for the second day of inspection and confirmed these were available via head office.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 Registration Regulations 2009 Notifications – notices of absence The registered person did not give notice in writing to the Care Quality Commission of the absence of the registered manager. Regulation 14(1)(2)(3)(4)(5)(6) and (8)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The registered person did not give notice in writing to the Care Quality Commission of the application for and authorisation of deprivation of liberty safeguards. Regulation 18 (4A) and (4B)