

# 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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## 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

5 St Margaret's Gardens is one of a number of care homes owned and managed by The Ordinary Life Project Association (OLPA). The care home provides accommodation for up to four people with a learning disability. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection. At the time of our inspection there were three people living in the home.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a registered manager in post. 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.

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

Risk assessments were in place. Staff had received safeguarding training and knew what to do if they suspected abuse and how to report any concerns. Medicines were managed safely.

A staff training plan was in place. Staff had regular supervisions and appraisals. People had enough to eat and drink and external advice and guidance was sought when needed. Mental capacity assessments had been carried out and best interest decisions made when people lacked capacity.

People living at the service said the staff were kind. There was a relaxed and calm atmosphere. Staff spoke positively about their roles.

Care plans were person centred and had been regularly reviewed. People had been involved in the reviews. A complaints procedure was available. No complaints had been received.

There were quality assurance processes in place. Action plans were in place to ensure improvements when issues were noted.

The registered manager was a visible presence. Staff and people living at the service spoke highly of the registered manager.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Ordinary Life Project Association - 5 St Margaret's Gardens

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection. The inspection took place on 12 February 2018 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed other information we held 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. We also looked at information in the 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.

During the inspection we spoke with two people, two members of staff and the registered manager. We reviewed two people's care and support records and two staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies, audits and complaints.

# Is the service safe?

## Our findings

People said they felt safe. One person said "I feel very safe here."

Staff received updated training in the safeguarding of vulnerable adults. They were aware of their responsibilities to report their concerns or poor practice to the registered manager or outside agencies as appropriate. Staff described how they supported people to maintain their safety when accessing the local community. For example, one person had a mobile phone with the home number programmed into it which they carried with them when they went out alone.

Care plans contained risk assessments for keeping people safe whilst also maximising their independence. For example, risk assessments had been carried out for two people who had their own front door key. Fire risk assessments had been completed which considered how people might react to the fire alarm as well as how much support people needed to move to a place of safety in the event of a fire. There were personalised missing person procedures in place.

The provider had procedures in place to ensure that only suitable staff were recruited. These included inviting them for a formal interview and carrying out pre-employment checks. Within these checks the provider asked for a full employment history, references from previous employers, proof of staff's identity and a satisfactory Disclosure and Barring Service clearance (DBS). The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults.

There was enough staff on duty to meet people's needs. There was always a staff member on duty throughout the day and a sleeping member of staff overnight. The registered manager explained that staffing levels were reviewed based on people's needs. They said "If staff are at training or on annual leave, we use agency staff, but we try to get the same staff for consistency." One person using the service said "There's always someone to talk to."

Medicines were managed safely. Medicines were stored securely and regular stock checks were carried out. Records showed that people received their medicines on time and as prescribed. There were protocols in place for when people might require additional medicines and these were personalised and explained when and why people might need them. People's medicines were reviewed regularly. This meant that the risk that people might be over medicated was reduced.

People were protected from the risk of infection. Staff had attended infection control training. The building was clean and smelt fresh. Staff supported people to tidy their bedrooms each week.

The premises were well maintained and safe. Safety reviews and regular servicing of utilities such as electrical checks, regular fire alarm testing and drills were carried out.

Incidents and accidents were reported. Incidents were analysed and action taken to prevent a recurrence.

For example, staff responded to changes in people's behaviours through discussion with other health professionals and medicines reviews.

## Is the service effective?

### Our findings

People's needs and choices were assessed and regularly reviewed. We saw that when people's needs or choices changed, care plans were amended to reflect this.

People were supported by staff who were well trained. Records showed that staff attended the provider's training and had regular refresher training. Staff also had access to additional training via distance learning modules. Both of the staff we spoke with said they had completed modules relating to the care they provided. For example, one member of staff said "The nutrition module was good; I learnt a lot. It helped me discuss healthy eating with tenants." The training plan for the year was displayed. One member of staff said "We keep up to date."

Staff had regular supervision sessions with their line manager. This meant there was an opportunity for staff to discuss their performance, their training needs and access support in their roles. Regular staff meetings took place and annual appraisals were also undertaken. One member of staff said "I feel well supported. I can speak to the manager in between supervisions if I need to."

People were supported to have enough to eat and drink. Care plans detailed people's preferences in relation to food and drink. People planned the menus for the forthcoming week with staff and the menu for the week was on display. On the day of our inspection, one person went to the supermarket with a member of staff to buy the provisions for the week. They said "We choose what we want. I can make my own sandwiches and staff cook the hot food. We have takeaways sometimes too." One member of staff said "People eat out quite a bit. There's a pub along the road we go to on people's birthdays." During the inspection we overheard a member of staff helping one person prepare their lunch.

One person had been reviewed by a Speech and Language Therapist (SALT) following a choking incident. The guidance following this review was included in the care plan.

People were supported to attend healthcare appointments. Health action plans were in place. Records showed that staff had supported people to go to hospital appointments, the dentist and the learning disability support service. One person said "My keyworker takes me to my appointments." Hospital passports were in place which provided health professionals with information about people in the event they needed to access other healthcare services.

The registered manager said people had chosen the décor and layout of communal areas. People said they chose how they wanted their bedrooms decorated. People were supported to have their bedrooms how they wanted them. One member of staff said "I helped one tenant to move to a different bedroom. She chose all the new things for her room."

Staff remained knowledgeable about the Mental Capacity Act and were able to explain how they applied it when supporting people to make decisions. One member of staff said "We offer people choices. For more complex decisions we will involve the families. One person has an IMCA (Independent Mental Capacity

Advocate) to support them." One person said "I choose what I want to do and my keyworker supports me." Records showed that capacity assessments had been completed and that where people lacked capacity to consent to aspects of their care, best interest decisions were made in line with legislation.

## Is the service caring?

### Our findings

People were treated with kindness and compassion. We observed and heard staff interacting with people. There was a calm and friendly atmosphere and people appeared relaxed around staff. They were laughing and talking with staff.

When one person became upset, a member of staff immediately went to provide emotional support. They put their arm around the person, hugged them and reassured them until the person became calm again.

Staff supported people to attend activities of their choice; for example, during our inspection one person was being taken to the local day centre and another to a different group. Staff discussed with people the time they would like to leave and provided reassurance that they would get them there on time.

People were supported to maintain relationships that were important to them. One person said "My keyworker is lovely. She takes me to see my family, takes me shopping and makes me laugh." And "She makes me feel safe. She's my friend."

People's privacy and dignity was maintained. People had keys to their bedrooms and they said staff knocked before entering. During our inspection, one person said they were going to have a bath and a member of staff asked if they needed any help. The person said they would like the staff member to help them wash their hair and they would call them when ready. The staff member waited for the person to call before assisting them.

Staff were respectful of people's cultural and spiritual needs. People were supported to attend a local church group for people with learning disabilities.

Staff comments included "It feels like a big family here" and "We are enabling people to live an ordinary life." One staff member said "We give people time. It doesn't matter how silly we might think something is, if it's important to them, we should listen. We spend a lot of time talking." Another member of staff said "We're all close and do things together. People are well supported here. One person has recently moved to another house and we support one of the tenants to go and visit them when they want to."

## Is the service responsive?

### Our findings

Care plans were person centred and contained details of people's choices and preferences. "All about Me" documents had been completed, which were one page profiles about what was important to people and what others liked and admired about them. Records showed that people and their families or advocates, were involved in regular care plan reviews.

Where people had communication needs, the plans detailed how staff could ensure people were listened to and understood. For example, Pain tools were in place for those people that might not be able to explain to staff when and where they had pain.

The care plans focussed on supporting people to be as independent as possible. People were supported to attend day centres, and clubs in the local community. One member of staff said "We take people shopping and to the hairdresser. People go to clubs; they play bingo and go on day trips. At another club they have lots of activities to take part in, like gardening or going on walks." and "One of the tenants loves walking so we often go for a walk, maybe feed the ducks." One person using the service said "I've got a rabbit. I look after it by myself."

Some of the documentation within care plans was replicated in different files. This had been discussed at our previous inspection because there was a risk that information may not be kept up to date. The registered manager said they had considered reducing some of the paperwork but felt that the current system worked well.

There was a complaints procedure in place and this was available in an easy read format. Although no complaints had been received, people were given the opportunity to provide feedback on the service and the support they received. We looked at the minutes of these meetings and saw that people were regularly asked if they had any concerns they wanted to raise. One person said "If I have any problems I can always speak up." And "I like living here. I wouldn't change a thing."

"Tenant surveys" had been undertaken. People were asked questions such as "Is your privacy respected?" and "Do you feel well supported?" People had answered yes to these questions.

The registered manager said that when considering new people into the service, people already living there were encouraged to be part of the decision making process. They said that prospective new tenants were invited to visit, to stay for meals and overnight and that other people were asked for their feedback about whether they would be happy for the person to live there.

Advanced care plans were in place. Where possible, these had been filled in with the help of people's families. One member of staff said "It can be a difficult conversation so we might start talking about it after there's been something on the TV for example."

## Is the service well-led?

### Our findings

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider had systems in place to monitor the quality of the service and identify areas of improvement. These included checks and audits carried out periodically throughout the year. We saw records of audits covering areas such as the safe management of medicines and care planning. Accidents and incidents were recorded and actions identified to reduce the risk of them reoccurring. Regular checks were undertaken to ensure that the service remained safe and any areas of maintenance were identified and followed up.

Members of the senior management team also visited the home twice a year. Records of their observations were noted and any actions required identified. For example, the plan for the coming year was to redecorate two bedrooms and the communal areas, purchase new garden furniture, a shed and a bird table.

Staff training was monitored by the registered manager to make sure their knowledge and skills were up to date. There was a plan in place for when training sessions would be provided throughout 2018. Staff attended monthly team meetings.

Staff were aware of the vision and values of the organisation. All said they felt valued as employees. They said "We get to discuss things as a team, we're listened to" and "I feel valued. If we do an extra shift for example, we get a thank you. It goes a long way." There was a positive culture which was person centred and open. Staff spoke highly of the registered manager. Comments included "The manager is lovely, very supportive. It's good to know she's got your back."

The vision and values of the organisation were embedded. Staff we spoke with said "Our aim is to support people to live in their own homes and to be as independent as possible" and "We aim to enable people to live an ordinary life in their local community."

Feedback was sought from people using the service, their families and from relief staff. Feedback from relief staff was positive. A survey had recently been sent to relatives, but responses had not been received at the time of the inspection.

The service had good links with other agencies and the local community. This meant that people were able to access services and groups within the local area.