

# Ordinary Life Project Association(The) Beckford Lodge

## Inspection report

Gipsy Lane  
Warminster  
Wiltshire  
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Date of inspection visit:  
05 June 2019  
10 June 2019

Date of publication:  
18 July 2019

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Beckford Lodge is registered to provide personal care to people in their homes. The service supports two people in shared accommodation. The accommodation was a domestic dwelling situated within the Warminster local community.

Registering the Right Support and other best practice guidance ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence.

### People's experience of using this service and what we found

The service didn't consistently apply the full range of the principles and values of Registering the Right Support and other best practice guidance. People were not empowered to shape their lives. There was a perception that people's care needs had not changed for many years. This meant that their delivery of care was not in line with changes in guidance or with legislation.

Staff supported people in the least restrictive way possible and in their best interests.

Risk assessments were not always completed for risks identified. The Registered Manager and chief executive officer (CEO) told us the expectation was that the commissioners of the placements completed these risk assessments. The CEO said it was their duty of care under the Care Act Assessment. We will be discussing with commissioners the assessments of risk that relate to fire.

Medicine systems were not safe. The staff removed medicines from the multi compartment system (MDS) and left them "potted" for one person to take at a later date. The medicine care plan did not list the prescribed medicines we saw in the MDS system. The registered manager said this will be followed up, in line with the policies and procedures.

Care plans were not person-centred for one person. The registered manager said that because it was documented staff had to ask the person, this meant they were person-centred care plans. The registered manager said that because the care plan was developed with the person this was person-centred.

People we spoke with said they felt safe in their home and when staff were present. The staff had attended safeguarding of people at risk and knew the procedures for raising concerns.

There were systems in place to assess and monitor staff performance. Staffing levels were in line with the local authority's assessment of people's needs.

The person we spoke with said they liked the staff, they were caring and their rights were respected. The

person we spoke with said they made their day to day decisions. This person told us they were able to prepare their meals and staff assisted them with shopping for food.

People had access to the GP and to community NHS facilities.

The person we spoke with said they would approach the staff with concerns. There were no complaints received

The staff said the registered manager was approachable. They said the team was stable, they worked well together and covered vacant hours between themselves.

Quality assurance systems were based on the support plans in place. There was a tick system in place used by the registered manager to indicate support plans were in place and had been reviewed.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was Good at the inspection dated 17 October 2016 and published in 22 November 2016.

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see Safe, Responsive and Well Led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Beckford Lodge on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## 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.  
Details are in our safe findings below

Requires Improvement 

### Is the service effective?

The service was effective.  
Details are in our effective findings below

Good 

### Is the service caring?

The service was caring.  
Details are in our caring findings below.

Good 

### Is the service responsive?

The service was not always responsive.  
Details are in our responsive findings below.

Requires Improvement 

### Is the service well-led?

The service was not always well-led.  
Details are in our well-Led findings below.

Requires Improvement 

# Beckford Lodge

## 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

This inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care.

A registered manager was in post. The service had a manager 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

This inspection was announced. We gave seven day's notice because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 5 June 2019 and ended on 10 June 2019. We visited the office location on 5 and 10 June 2019.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with one person at the service and one member of staff. We contacted commissioners of service and we spoke with from the local authority Community Team for People with Learning Disabilities (CTPLD), During the inspection we reviewed documents and records relating to people's care, including support plans for two people. We looked at, management audits and training statistics.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at three staff files in relation to recruitment checks and statistics for management audits, staff supervision and recruitment.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with safeguarding team and with a member of staff that has irregular contact with people using the agency.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has changed to 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

- Risks were not fully considered, and action plans were not devised for staff to deliver safe care to people and in a safe environment. The care to people was not planned in a way which took account of the premises and the equipment people used.
- People smoked in their bedroom and a risk assessment was not completed to ensure the safety of people and staff working in this environment. We noted that during care assessments dated 2018, the registered manager was asked to complete risk assessments around people smoking in their bedrooms. The registered manager and chief executive officer (CEO) told us this was the responsibility of the funding authority as it was "their duty of care under the Care Act Assessment. For example, elements of danger." We will be consulting with commissioners about assessments of risk.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- For another person a lifeline necklace was provided for them to access emergency support. However, on the day of our visit the person was not wearing the lifeline necklace and this person was uncertain of its location. The care plan states this person was reluctant to use the telephone and their preferred method of communication was verbal only. We drew this to the attention of the outreach worker who said a lifeline wrist band was being considered. This meant that if a fire occurred in the bedroom this person would need to go downstairs to use the telecare base in the dining room.

### Using medicines safely

- Medicine systems were not safely managed for all the people using the agency. The health and wellbeing care plan for one person stated they self-administered their medicine. On our arrival to the home of one person, they told us they were waiting for the staff to arrive because they didn't have their medicines. The member of staff checked and said the "pot was empty" and this meant they had already taken their medicines. However, the risk of leaving medicine doses for people to take at a later time was not assessed.
- Records were not maintained on the medicine support provided. Daily notes for this person showed the staff were leaving doses of medicines for the person to take over two days. For example, on the 8 June 2019, staff recorded that medicines were "potted for Sunday and Monday". This meant that three doses had been left out for the person to take at a later date. The notes also showed the staff were supporting this person

with the application of creams.

- The staff had recorded on the 4 June 2019 that the person had not taken their medicine in two days. The member of staff we spoke with said this person was becoming "forgetful". However, the competency of this person had not been reviewed.
- When we checked this person's multi-compartment medicine system it was evident the care plan did not detail all medicines prescribed and being administered.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- This person told us they were not sure about the re-ordering of their medicines.
- The registered manager said support plans were to be updated and issues identified will be followed-up in line with organisational policies and procedures.

Systems and processes to safeguard people from the risk of abuse

- The person we spoke with said they felt safe living at the home and when staff were present
- The staff on duty told us they had attended training in safeguarding people and were aware they must report any concerns of abuse.

Staffing and recruitment

- People told us their care was delivered by regular staff. The registered manager said there were three staff who delivered personal care to people using the agency. They said annual leave was managed well which meant people had the same staff at all times. The registered manager said that agency staff were not used.
- Records lacked detail on the times and length of care visits. This person was not sure on how to contact the agency if staff did not arrive. This person told us they would not know what to do if their visits were missed.
- There were staffing vacancies. The registered manager said recruitment was in progress. A member of staff said that new staff were recruited to the vacant hours.
- The checklist of recruitment checks undertaken included a brief overview of past experience, contracted hours, names of two referees, proof of ID and Disclosure and Barring Service (DBS) serial numbers. A DBS check allows employers to check whether the applicant has any previous convictions or whether they have been barred from working with vulnerable people.

Preventing and controlling infection

- The home of the people using the agency was clean. The person we spoke with told us an external housekeeping company was used to maintain the environment clean.

Learning lessons when things go wrong

- The registered manager told us completed accidents and incident report were sent to head office for analysis. There was an "in-depth analysis to identify patterns of incidents" at the weekly meetings attended by the CEO.
- The registered manager told us reflective logs were used by staff for "self-analysis" on how they improved practice from events. The registered manager said that during supervision the staff discussed with the line manager areas such as "what could be done differently".



## 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.

At the last inspection this key question was rated as Good At this inspection this key question has remained the same add rating. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had lived together in shared accommodation for many years. The local authority commissioners of care had completed care and support reviews in 2018 and 2019. People's needs and eligibility criteria were identified at review meetings and copies of these assessments were kept in care records in people's homes. The registered manager told us the 2019 care assessments had not been sent to the provider for them to update the care plans. However, there was little evidence that the specifics from the care assessment had been addressed by the registered manager. For example, risk assessments.
- National Institute for Health and Care Excellence (NICE) guidance was not followed for medicines. Medicine doses were left out for one person to take at a later date and the support provided with medicines were not documents. NICE guidance states that doses must only be left out for a person to take later, if it has been agreed with them, and a risk assessment has taken place. This information should be recorded in the care plan and an appropriate record should be made on a medication administration record. Care workers should record each time they provide medicine support. The record should include who administered the medicine, the time and whether a medicine was taken or declined.
- General Data Protection Regulation (GDPR) was not being followed. The registered manager said we were not able to view the staff meeting minutes because they contained information about all the people using services. We questioned why staff from other services and or departments were present during these discussions. The chief executive officer (CEO) and registered manager told us the staff "are a generic team" and will work across services when needed. This meant the registered manager had not taken steps to protect data and identify risks to privacy or respected the rights of the people. For example, having discussions in the presence of staff that didn't have regular contact with people..

We recommend the provider seek guidance on how people can be supported in line with standards, guidance and the law.

Staff support: induction, training, skills and experience

- Training and staff supervisions were in place to ensure staff had the skills and knowledge needed to deliver care and treatment to people using the agency.
- Training records showed the staff had attended safeguarding of adults at risk annually. Health and Safety, first Aid, infection control refresher courses were organised to take place in one day. When we raised concerns about having three training coursed in one day. The registered manager said "[It was] feasible to have three training courses in one day. Discussed with training officer and this has been agreed."
- A checklist with names and dates of supervision with staff was maintained. The member of staff we spoke

with said supervision was either with the supervisor or the registered manager. They said they prepared for their supervision and discussed "concern, annual leave, training needs and general issues."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported with food shopping. One person told us they made their refreshments and prepared their meals. They said the staff helped them prepare shopping lists and supported them with food shopping on Mondays.
- The member of staff at the home explained the arrangements for this person to heat readymade meals. They said it was the person's preference to heat meals in the oven and the "red dot" in the oven was the mark used for the correct temperature.

Staff working with other agencies to provide consistent, effective, timely care

- People were referred for specialist support as needed. For example, opticians, GP and community nurses.

Supporting people to live healthier lives, access healthcare services and support

- One person's 'Health and Wellbeing' care plan stated staff support the person with medical appointments and check-ups. It stated the person had annual Cardiff health checks with the GP but had declined to have a health action plan. Records showed this person was supported with health checkups for blood pressure and asthma.
- Daily notes demonstrated people had support with their ongoing healthcare needs. One person told us they were accompanied by the staff on healthcare appointment.

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.

- One person told us they made daily decisions.
- The member of staff on duty told us they had attended MCA training.
- People's capacity was assessed in relation to specific decisions. For example, the finance care plan states that one person was not able "to fully manage her money all money was held in the safe for safekeeping. This is [name] choice." The risk assessment states "due to Maureen having no understanding of monetary value the staff are actively involved with Maureen's finances. The mental capacity assessment for finance dated 2018 stated that the person "understands the information and is able to weigh it up."

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same rating. 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; Supporting people to express their views and be involved in making decisions about their care

- One person told us the staff were kind and they felt they mattered to staff.
- The staff we spoke with described the approach used to ensure people felt they mattered to them and how relationships were developed. This member of staff told us people had told them about their past and described how they showed compassion when this information was disclosed.
- We saw the member of staff on duty and the person at home planning their day. We saw there was a positive exchange of views and decisions were reached on the rest of the day.
- The registered manager explained how they ensured the staff were caring and kind towards people. The registered manager said that participating in "hands on care", and through supervision, staff practice was monitored. Feedback forms from people provided the registered manager with comments on staff's approach.

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy and dignity were respected. One person told us how their privacy was respected.

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to 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

- Care plans for people that used the agency were not fully person-centred because they were not reflective of their needs and preferences. For example, the using the phone care plan stated, "the support worker should speak with [name] about any support that is needed". This care plan also stated this person was reluctant to use the phone. The document devised by the keyworker stated was that the support plan "should be sufficiently detailed that a support worker who has never met the person could read the document and be able to provide appropriate support."
- The care plan for another person was more person centred and had some details about their preferences. The risk assessments for finance were the same for both people and the registered manager agreed they were the same. The registered manager said both people needs were the same. When we went to this person's home the care plans were not in their care file. The member of staff on duty was not aware of where these documents were. The registered manager said these documents were at the home when they visited on the Friday the 7 June 2019.
- The registered manager said the care plans were person centred because they gave staff guidance to ask the person about their preferences and were developed with the person.
- Care plans were not signed by the person or dated. The registered manager told us care plans were not dated because people needs were unchanged and without dates the same care plan could be re-used. This meant care plans were not amended in line with changes in legislation and good practice guidance.
- People's life story was not part of their care plans. This meant staff were not given an insight into people's family network or about the history which led to accessing OLPA services.
- A monthly care plan review checklist showed that in January 2019 a care assessment was undertaken by a social worker in the Community Team Learning Disability Team (CTPLD). The only other entry was in May 2019 where it is was documented for one person "overdue" and for another "difficult to arrange". The document devised by the keyworker stated that the support plan should be reviewed regularly to ensure they were appropriate to identify changes in need. The registered manager said the reviews were delayed due to staff issues and reviews were to take place in July 2019.
- One person told us where their care records were kept and said they "never read the file. [It is] nothing to do with me." This person felt the staff would help them understand what was written in the care records.
- The member of staff on duty told us they read the care plans. They said that information was passed to them in between visits by other staff.

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.

- The Communication care plan for one person related to assisting people with written documentation and states that "staff must seek agreement from the person to assist with any correspondence." Staff were given guidance "to ensure the person has a good understanding of the information being relayed." The member of staff on duty told us one person only communicated verbally and written information was not a method of communication used. The registered manager said this person had refused to have their information in pictures and word format. The registered manager said this person had thought this form of communication to be infantile.

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

- The person we spoke with told us how staff supported them to maintain contact with family. They told us they accessed clubs and community facilities.
- The other person at the service also spent time with friends and family and were independent in the community.

Improving care quality in response to complaints or concerns

- The person we spoke with said they would tell the staff about their concern.
- There were no complaints received since the last inspection.

End of life care and support

- One person had documented their advance wishes for their end of life care and about their funeral arrangements.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to 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

- Audits of support plans were used to assess the quality of service delivery. The matrix in place showed there were checks of support plans and to monitor review had occurred. The register manager said audits also included reviewing daily notes. However, the checks had not identified risk assessments were not in place for some risks and that care plans were not person centred.

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

- The member of staff we spoke with said the team "are all nice and [there was] a good mix of staff. We contact each other if we need each other. We are a small team, but we are good. We cover the shifts ourselves."
- The member of staff we spoke with said the registered manager "is very approachable. Works well with the team". This member of staff said the registered manager post was "part time but there are seniors and out of hours [on call] for times when the registered manager was not available."
- Team and one to one supervision meetings were used to give staff feedback which enabled them to take action. A member of staff said they were not part of the team at Beckford Lodge but attended the team meetings. They said that at team meetings there were discussions about people. We were given access to only the dates of the meetings which occurred monthly. The registered manager said team meetings were monthly and peer support sessions were to be introduced and were to follow-on from the team meetings.
- The chief executive officer (CEO) told us the values of the organisation included ensuring people with learning disabilities were able to "lead ordinary lives".

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

- There were no recent reported accidents or incidents.

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

- People were supported to complete feedback forms. People gave positive feedback about the service. The comments from people included "time changes and having more contact with the [registered manager]". The registered manager said "I try and see them more. People wanted more sociable time. I see them lots

and I support them [hands on]".

Continuous learning and improving care; Working in partnership with others

- A social care professional told us the agency offered "continuity of care and people knew the staff that that cared for them." The registered manager told us people had little input from local authority customer coordinators and people relied solely on staff support.

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 12 HSCA RA Regulations 2014 Safe care and treatment  People who use services and others were not protected against the risks associated with fire.  Medicine systems were not safe because staff had not assessed the risk of leaving doses of medicines in pots for people to take at a later date