

# **Care and Social Services Inspectorate Wales**

**Care Standards Act 2000**

**Inspection report  
Domiciliary care agency**

**Opportunity Housing Trust**

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| Category:  | Domiciliary Care Agency>200hrs                                    |
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| Inspected by:                                      | Peter Williams & Tracey Shepherd                                  |
| Lay assessor:                                      | -   |
| Other regions contributing to this report:         | -   |

## Introduction

This report has been compiled following an inspection of the service undertaken by the Care and Social Services Inspectorate for Wales (CSSIW) under the provisions of the Care Standards Act 2000 and associated Regulations.

The primary focus of the report is to comment on the quality of life and quality of care experienced by service users.

The report contains information on how we inspect and what we find. The report is divided into distinct parts mirroring the broad areas of the National Minimum Standards.

CSSIW's inspectors are authorised to enter and inspect regulated services at any time. Inspection enables CSSIW to satisfy itself that continued registration is justified. It also ensures compliance with:

- Care Standards Act 2000 and associated Regulations whilst taking into account the National Minimum Standards.
- The service's own statement of purpose.

At each inspection episode or period there are visit/s to the service during which CSSIW may adopt a range of different methods in its attempt to capture service users' and their relatives'/representatives' experiences. Such methods may for example include self-assessment, discussion groups, and the use of questionnaires. At any other time throughout the year visits may also be made to the service to investigate complaints and to respond to any changes in the service.

Readers must be aware that a CSSIW report is intended to reflect the findings of the inspector at a specific period in time. Readers should not conclude that the circumstances of the service will be the same at all times.

The registered person(s) is responsible for ensuring that the service operates in a way which complies with the regulations. CSSIW will comment in the general text of the inspection report on their compliance. For those Regulations which CSSIW believes to be key in bringing about change in the particular service, they will be separately and clearly identified in the requirement section.

As well as listing these key requirements from the current inspection, requirements made by CSSIW during the year, since the last inspection, which have been met and those which remain outstanding are included in this report. The reader should note that requirements made in last year's report which are not listed as outstanding have been appropriately complied with.

Where key requirements have been identified, the provider is required under Regulation 23B (Compliance Notification) to advise, in writing, the appropriate regional office of the completion of any action required by CSSIW.

The regulated service is also responsible for having in place a clear, effective and fair complaints procedure which promotes local resolution between the parties in a swift and satisfactory manner, wherever possible. The annual inspection report will include a summary of the numbers of complaints dealt with locally and their outcome.

CSSIW may also be involved in the investigation of a complaint. Where this is the case CSSIW makes publicly available a summary of that complaint. CSSIW will also include within the annual inspection report a summary of any matters it has been involved in together with any action taken by CSSIW.

Should you have concerns about anything arising from the inspector`s findings, you may discuss these with CSSIW or with the registered person.

Care and Social Services Inspectorate Wales is required to make reports on regulated services available to the public. The reports are public documents and will be available on the CSSIW web site: [www.cssiw.org.uk](http://www.cssiw.org.uk)

## Overall view of the domiciliary care agency

Opportunity Housing Trust (OHT) was established in 1985 and currently provides support to people through its' domiciliary care agency to people with learning disabilities and/or mental health issues in Cardiff, RCT, Vale of Glamorgan, Caerphilly, Ceredigion and Pembrokeshire. The organisation also works with people in the Bridgend area and this part of the company is registered with CSSIW's south-west regional office. There are a range of models of support provided by the agency including houses where service users with learning disabilities hold tenancies, support to individuals who live alone and support for individuals who live with their family, including supporting children.

The company is non profit making and is also registered as a charity.

A majority of service users live in their own homes supported by staff from OHT. Some people require minimal help while others need help and support 24 hours a day with things such as preparing meals, washing and personal care, dressing, household tasks, leisure pursuits, holidays and other day to day activities.

The following methods were used to gather information for this report:

- Scrutiny of self assessment information provided by OHT
- A visit to OHT's offices to look at a number of service user files and staff records
- Visits to meet with three service users
- Discussion with the registered managers
- Discussion with care staff and observation of their practice.

At the beginning of the inspection process OHT submitted a self assessment document in which they reflected on the agency's performance in meeting the required standards and regulations. This document also gave CSSIW an overview of OHT's perceived strengths together with areas that they think require development and improvement.

The service has produced detailed care plans, which give a detailed insight into to the needs of the individual. The agency encourages people receiving domiciliary support services to be involved in their care planning and this has helped produce a more person centred approach to the process. Amanda Evans, the Chief Executive of OHT and also one of the registered managers of the organisation reported that the service was in the process of implementing person centred planning throughout the service and there was a drive on to complete this.

Members of staff spoken with during the inspection appeared enthusiastic in their approach to people using this service. They also had a clear understanding of their individual roles and responsibilities. Staff were observed to be supportive and caring when assisting people with their day to day living tasks.

The service is well managed, and provides a consistent level of support to people who use the service. The organisation ensures that everyone receiving support is able to make their views known and enables some people to participate in the running of the agency. For example, service users had been included in the interview process for new staff and OHT has an annual quality assurance process which seeks the views of service users.

The agency provides a variety of training to staff. This includes mandatory training which is particularly health and safety related and also training around the specific and identified needs of service users. Staff also receive a good level of supervision and support.

OHT are able to establish and identify areas of their service that require development and improvement and the inspectors found little to give any cause for concern. The agency also have a good range of ideas for developing and improving service delivery and an awareness of the changing needs of clients. A good example of this being work the agency is currently undertaking into the needs of older service users and people with dementia.

The inspection did not result in any regulatory requirements being made. It was noted that the agency need to continue to monitor and audit the administration of medicines to service users as mistakes continue to be made in this area. Other good practice recommendations are contained within the body of the report.

## User focused service

### Inspector`s findings:

OHT give service users and their representatives a copy of their Service User Guide. This document is written in plain English. It provides a description of the service provided, terms and conditions and information on the complaints procedure.

New and prospective service users receive a detailed assessment by OHT to establish their care needs. The agency also use assessment information provided by other professionals to help ensure that they can meet the person's needs.

Once the agency is working with a service user, detailed care plans are developed which state the care that is required to be delivered and how it is to be provided. The plan sets out in detail how care staff will meet any identified care need and also includes how any specialist needs and communication requirements will be met. OHT are currently in the process of trying to ensure that care plans are developed using the principles of person centred planning which aims to ensure that the service user (sometimes supported by their family or friends) is central and ideally has a say and more choice in the way that they receive a service. The sample of files looked at by the inspectors were at different stages in the process. Some used OHT's old documentation while others looked at were far more individual and seemed to reflect the personality of the service user. There were some advantages regarding the new format for recording service user information not least the fact there seemed to be less paper documentation and the information that was on file was current and relevant. Records reflected the degree of support needed and focussed on addressing how care needs had been met or the participation of service users being helped through "active support." Many of the records looked at were accessible and meaningful to the individual service user concerned.

Care planning documentation also included risk assessments covering all areas of the individual's lives. As well as ensuring that day to day risks were taken into account there was also evidence that risks concerned with particular activities or circumstances had also been considered. However, it was noted that the risk assessments in a file associated with the service provided to a child service user lacked evidence to demonstrate that they had been reviewed and had not been signed by the child's parents. It is recommended that all risk assessments are reviewed regularly and signed by the service user or their representative. In the case of this child service user, the inspectors also recommend that a risk assessment regarding transporting the young person is also completed.

Generally it was found that service delivery plans developed by OHT with service users accurately reflected the care plans provided by the commissioning local authority. However, one local authority plan stated that a service user required 2:1 support to "access the community" while OHT's risk assessment stated the person only needed 1:1 when going to the park. It is recommended that this discrepancy is discussed with the case manager and the level of support required for this activity is clearly established.

Most service user files had a sheet at the front with details of some basic personal information. This information sheet was not comprehensive and the inspectors did not find it particularly easy to find contact details for GP's or case managers elsewhere in the records. It is recommended that a comprehensive personal details form is maintained for each service user.

OHT offer a number of specialist services and work with people who have additional needs due to their age, behaviour and physical problems. Specialist support is provided to people with Autistic Spectrum disorders. These specialised services are based on recognised and current good practice and guidance.

**Requirements made since the last inspection report which have been met:**

| Action required | When completed | Regulation number |
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**Requirements which remain outstanding:**

| Action required (previous outstanding requirements) | Original timescale for completion | Regulation number |
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**New requirements from this inspection:**

| Action required | Timescale for completion | Regulation number |
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**Good practice recommendations:**

- It is recommended that risk assessments are reviewed regularly and signed by the service user or their representative.
- It is recommended that a risk assessment regarding transporting a young person is developed for a child service user whose care records were scrutinised by the inspectors.
- Service delivery plans developed by OHT should accurately reflect the care needs and identified service being commissioned by the placing local authority.
- It is recommended that an information sheet is included in all service user files recording basic but key information and important contact details.



## Personal care

### Inspector`s findings:

The inspectors observed the appropriate way that staff spoke and assisted people in the three settings they visited. Individuals were treated with dignity and respect. It was evident that staff were knowledgeable about the care needs of the service users they work with and were also supportive in enabling service users to talk with the inspector.

There was evidence to suggest that some service users had been involved in planning their service and determining the help they needed. Care plans also detailed how service users preferred personal care tasks to be carried out.

Service users are encouraged to be as independent as possible and the agency use systems to promote and maintain independent living skills. These systems include the use of teaching plans, opportunity plans and active support. Opportunities for service users to practice and develop skills in daily living tasks are built in to daily routines. One simple example noted was of staff supporting a service user to go to the bank to withdraw some money for shopping while on the way to attend a work experience placement. Generally the agency has an ethos of promoting independence while providing a safety net of support and this results in individuals learning new skills and gaining confidence.

Generally, service users are supported by staff they know. While there is some turnover of staff there are always staff who know and can work with the individual. It was clear that service users value and to a certain extent depend upon staff and the relationships they have with them.

A majority of service users are assisted by staff to obtain and take medicines. However, the administration of medicines remains an issue for the agency and its' care staff given the number of reported instances where medicines have not been administered in line with policy and procedures. On a positive note, staff are reporting errors and in most cases are following the procedure when a mistake is made. OHT are monitoring reported incidents to try and establish whether there are any trends so that these can be addressed. It would appear that the majority of errors made are attributable to staff errors. OHT take these errors seriously and in some instances they have been reported via adult protection procedures. The organisation has also disciplined some staff. The monitoring and audit of errors involving medicines should continue and the need for care staff to closely follow procedures should be reinforced by managers in supervision and staff meetings. Wherever possible, the root cause of the error should be established and the agency should consider what they might do differently in future to prevent a reoccurrence.

In the sample of service user files the following additional points about medicines were noted.

- In one instance the care plan supplied by the local authority stated that the service user self-medicated. However it was clear from OHT's records that staff were selecting the medicines, putting them in a cup and recording when they were taken. It is clear that the service user is not self medicating and it is recommended that a discussion is held with the service user's caser manager to establish and record precisely the care being delivered.

- Medicine records within a file were contradictory. Medicines listed on a Medicine Administration Record (MAR) did not match two other lists of medicines recorded. This issue was raised at previous inspections and it is recommended that the MAR is used as the sole record.
- A random stock check for medicines administered on the 1<sup>st</sup> and 8<sup>th</sup> November 2010 was dated 18<sup>th</sup> October 2010.
- A medicine had not been administered on one day and instead of using a code letter to indicate the reason a line had been drawn through the box.

**Requirements made since the last inspection report which have been met:**

| Action required | When completed | Regulation number |
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**Requirements which remain outstanding from this inspection cycle:**

| Action required (previous outstanding requirements) | Original timescale for completion | Regulation number |
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**New requirements from this inspection:**

| Action required | Timescale for completion | Regulation number |
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**Good practice recommendations:**

- Whenever a medicine error occurs, the agency should and determine the root cause of the error and consider what they might do differently in future to prevent a reoccurrence.

## Protection

### Inspector`s findings:

The agency had produced and implemented a wide range of policies and procedures with regards to the protection, health, safety and welfare of service users and staff.

It was evident that service users are protected from abuse and neglect and that staff are aware of, and adhere to policies and procedures that protect service users. OHT work with a large number of service users across Wales and employ a large workforce. Occasionally staff have not followed relevant policies and procedures and service users may have been put at risk of harm. In these cases the agency had acted appropriately to investigate and follow disciplinary processes including, where necessary, reporting the incident to local adult protection teams.

OHT provides good training for staff which addresses health & safety topics such as moving and handling, fire safety, food hygiene, first aid and the safe management of medication. Staff also attend Protection of Vulnerable Adult training and managers clearly have a good working knowledge of PoVA procedures in the localities they work in across Wales. Training information clearly shows that refresher training in health and safety related topics is regularly provided. Good records of training are kept by the agency. There are systems for reporting and monitoring incidents and accidents.

The robust assessment process helps to ensure that any areas of risk are identified at an early stage and plans made to manage the risk.

During the inspection of the agency it was observed that service users are required to pay for staff meals and refreshments not only when they are being supported outside of their home but also within their homes. The agency has a policy about staff supporting service users outside of their home in recreational and leisure activities. The subject of staff taking meals in a service user's home is referred to in the section of the agency's Service User Guide dealing with terms and conditions. It states, "Some money also goes towards the cost of food when they [support staff] work with you." In their Staff Handbook, OHT state that staff must sit with service users at mealtimes and also that "staff meals should not differ to that of the person being supported unless there are exceptional circumstances..." There does not appear to be any mechanism for service users to opt out of this arrangement if they are not content to pay for staff meals. CSSIW have some concerns that some service users would lack capacity to make a decision about whether or not they would wish to pay for staff meals or challenge these terms. Other individuals may simply lack the confidence to say that they wish to opt out. It is also felt that some relatives of service users would not feel comfortable in opting out on behalf of their son or daughter.

Local authorities that have contracts with OHT are aware of this practice and apparently some used to contribute to staff meals but no longer do so. It would appear that this issue is not unique to OHT and CSSIW propose to discuss the issue with one of the local authorities that commission services from OHT.

**Requirements made since the last inspection report which have been met:**

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**Requirements which remain outstanding:**

| Action required<br>(previous outstanding<br>requirements) | Original timescale<br>for completion | Regulation number |
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**New requirements from this inspection:**

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**Good practice recommendations:**

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**Managers & staff****Inspector`s findings:**

OHT have three registered managers one of whom is also the Chief Executive of the organisation. All of them have the necessary qualifications, experience and skills to run the agency. Despite the size of the agency, managers spoken with still had a good working knowledge of the needs and circumstances of individual service users.

The agency has a robust recruitment process which aims to ensure the protection of service users. To check that OHT are carrying out the necessary checks on applicants the inspectors examined a small sample of staff files. It was found that all of the required information had been obtained together with relevant checks such as references and CRB's. The agency now audit staff files and ensure not only that all the required checks have been taken up but also that the recruitment and selection process was carried out appropriately in line with legislation and OHT's own policy and procedures. An example of this form's use was seen on one staff file examined and the agency had picked up discrepancies which it was going to address.

All new staff receive a contract, written terms and conditions of employment. New staff complete a probationary period and also an induction programme.

Staff spoken with were knowledgeable about the service users they work with and the support they are required to provide. They confirmed that they receive training in health and safety related topics and also specialist advice, training and information relating specifically to the service users they work with.

There was evidence that staff receive regular formal supervision from their line manager.

**Requirements made since the last inspection report which have been met:**

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**Requirements which remain outstanding:**

| Action required (previous outstanding requirements) | Original timescale for completion | Regulation number |
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**New requirements from this inspection:**

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**Good practice recommendations:**

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## Organisation and running of the business

### Inspector`s findings:

Opportunity Housing Trust is a company limited by guarantee and a registered charity. The work of the organisation is overseen by a Board of Trustees and the management team. The trustees provide leadership for Opportunity Housing Trust and set the strategic direction of the charity, working closely with the Chief Executive and her team who implement the strategy. They also ensure that there is a framework of policies, systems and controls in place to manage OHT efficiently and well.

The organisation has well equipped offices with space available for training and meetings.

There is a range of external and internal quality monitoring systems in place. Generally, the majority of OHT's work is commissioned by local authorities. Each local authority has a department dealing with their contracts and will scrutinise OHT in accordance with their own commissioning procedures. OHT try to promote service user participation in the running of the organisation. This has included conferences and other forums where service users have the opportunity to comment on their experiences of using the service.

OHT has a Complaints policy and appropriate procedures and address concerns raised by service users or their representatives. It was reported that the agency plan to try and increase awareness of their complaints policy among service users.

### Requirements made since the last inspection report which have been met:

| Action required | When completed | Regulation number |
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### Requirements which remain outstanding:

| Action required (previous outstanding requirements) | Original timescale for completion | Regulation number |
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### New requirements from this inspection:

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### Good practice recommendations:

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