

# Innova House Health Care Limited

## Innova House -CBIR

### Inspection report

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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

The inspection took place on 6 and 7 July 2016 and was unannounced.

Innova House CBIR is registered to provide accommodation for people who require nursing or personal care. The registered provider must only accommodate a maximum of 15 people who have brain injuries at Innova House CBIR. At the time of the inspection there were 12 people using the service.

On the days of our inspection there was a registered manager in place. 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.

People told us that they felt safe. The risk of harm for people was reduced because staff knew how to recognise and report any incidents of harm. Staff were confident that the registered managers would deal with any concerns that they reported.

Staffing levels were adequate to meet people's needs. Staff were recruited through safe recruitment practices.

Medicines were safely administered and stored.

Staff received an induction, training and supervision and felt supported by the management team. People received sufficient to eat and drink. People had access to external healthcare services.

Staff were trained in the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and could describe how people were supported to make decisions.

Staff were very caring and people felt listened to. Staff were aware of people's support needs and their personal preferences. People and/or their relatives were involved in the development and review of their care plans. People were encouraged to be independent and staff respected people's privacy and dignity.

Daily records were up to date and gave a good overview of what had occurred for that person. People had the opportunity to take part in a variety of activities inside and outside the service. Complaints were dealt with in a timely manner.

The registered manager was supportive, approachable and listened to people, relatives and staff. People and their relatives were involved or had opportunities to be involved in the development of the service. There were systems in place to monitor and improve the quality of the service provided.

## 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.

People who used the service felt safe and staff understood how to protect people from harm.

Sufficient staff were on duty to meet people's needs and they were recruited through safe recruitment practices.

Medicines were safely managed.

### Is the service effective?

Good ●

The service was effective.

Staff received an induction to prepare them for their role, regular supervision and training necessary to meet the needs of people in the service.

People's health and nutritional needs were met.

People's day to day health needs were met by the staff and external health and social care professionals.

### Is the service caring?

Good ●

The service was caring.

People were supported by staff who demonstrated a kind and caring approach towards people.

People were encouraged to be independent and supported to contribute to decisions relating to their care.

Staff respected people's privacy and dignity.

### Is the service responsive?

Good ●

The service was responsive.

Care plans gave guidance to staff on how to support people.

A wide range of activities were available.

Complaints were dealt with in a timely manner.

**Is the service well-led?**

**Good** ●

The service was well led.

People who used the service, relatives and staff were positive about the leadership of the service.

The management team enabled and encouraged open communication with people who use the service, friends, family and staff.

The registered manager was aware of their regulatory responsibilities.

Systems were in place to monitor and review the quality of the service provided to people to ensure that they received a good standard of care.

# Innova House -CBIR

## 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.

This inspection took place on 6 and 7 July 2016 and was unannounced. The inspection team consisted of one inspector.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports and notifications we received from the provider. A notification is information about events that the registered persons are required, by law, to tell us about. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make.

Some People living at the service were unable to verbally communicate so could not comment directly on their care and experience of living at the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We contacted commissioners (who fund the care for some people) of the service and Health Watch Nottinghamshire to obtain their views about the care provided about the service.

During the inspection we observed staff interacting with the people they supported. We spoke with four people, three care staff, one kitchen staff, one maintenance staff and the registered manager. After the inspection we spoke with two relatives, one health and one social care professional.

We looked at the care records of three people and the recruitment records of three members of staff. We also looked at other records relating to the management of the service such as policies, procedures and audits.

# Is the service safe?

## Our findings

During our previous inspection on 3 February 2015 we identified a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found staff did not consult the medicine administration record (MAR) sheets when they administered medication. Pain relief was not given when requested or offered. Staff did not know of any procedure for people taking medicines when they were away from the service. Covert medication was not managed safely. At this inspection we found that improvements had been made in this area.

People's medicines were managed safely. All the people we spoke with told us they always received their medication when required. One person said, "I am given my medicines when I need them."

We observed one medicine round conducted by two members of staff administering medicines safely to people. They told us that there was always a second staff member present when medicines were given and that the witness signed their initials to show the correct medicine had been administered. The members of staff administering medicines confirmed who the person was by asking them their date of birth or checking their photo. The members of staff checked medicines against the MAR, explained the medicine, waited patiently until the person had taken the medicine and signed the MAR when the medicines were taken. Each person was offered PRN (when required) pain relief or assessed to see if they needed pain relief. During the inspection one person told us the staff asked them if they wanted pain relief, they accepted, and were given the appropriate medicine.

We found staff had received appropriate medicines management training, and competency assessments to ensure they understood how to manage and administer medicines safely. Staff told us they were trained and assessed to make sure they had the required skills and knowledge to administer medicines safely. Staff told us, and records confirmed, that they received a yearly medicine competency check. This ensured they were safely administering medicines. We checked the MAR's for three people. These records were accurately completed. Information about each person contained in the medicine file included, what medicine they had been prescribed, their photo, the way they liked to take their medicines and whether they had any allergies.

We did a sample stock check of two boxed PRN medicines and these were found to be incorrect. We discussed this with the registered manager and evidence showed that one box was counted wrong a few days before and as a result no medicine was missing. However, there were missing tablets from the second box which could not be accounted for. The registered manager agreed to look into this immediately.

Medicines were stored safely and in line with requirements. We found cupboards and refrigerators used to store medicines were locked. The temperature of storage areas were monitored daily and were within acceptable limits. Medicines audits had been completed and when issues were identified we saw actions had been taken to address them. One member of staff told us of a medication error they made which they reported to the management team. They are unable to administer medication until they have their competency reassessed.

Staff were able to explain the procedure for people taking medicines when they were away from the service. People told us they were given medicine when they are away from the service. Staff were also able to explain the procedure for giving people their medicine covertly. We saw documentation from a GP that confirmed this procedure being followed correctly.

People told us they felt safe. We saw people were provided with guidance in a picture format about what to do if they were harmed or suspected that other people might be at risk of harm. One person said, "I feel safe living here." Another person said, "Oh yes, everywhere is locked up at night." One relative said, "Yes, definitely [family member] is safe." A social and a health care professional told us people were safe.

Staff told us they had received safeguarding adults training and demonstrated a good awareness of their role and responsibilities regarding protecting people from harm. They knew the different types of harm and told us they would report any concerns to a member of the management team, the police or CQC where appropriate. Staff were confident a member of the management team would deal with any concerns should they report any.

The service had safeguarding policy and whistle blowing policies and procedures available for staff. A 'whistle-blower' is a person who exposes any kind of information or activity that is deemed illegal, unethical, or not correct within an organization. All the staff said that they would not hesitate to use the policies if required to do so.

People and relatives were provided with user friendly information throughout the home about how to keep themselves safe. For example, 'Service User Information' an in house document was available for people which explained about how to make a complaint.

Procedures were in place to protect people in the event of an emergency, such as a fire. We saw how regular checks and routine maintenance of the home environment and equipment ensured people were protected. We saw there were checks in place for the fire extinguishers and first aid boxes. We observed the weekly fire alarm test. We looked at the maintenance records across the service and found that tasks had been completed and signed off.

We saw standard risk assessments had been completed and reviewed for risks associated with people's mobility, nutrition, continence and personal hygiene. We observed members of staff using the correct moving and handling procedures outlined in people's risk assessments. We saw, and health professional told us, members of staff adhere to such moving and handling risk assessments. There were also individual risk assessments associated with behaviour that challenges people and others. Detailed information and guidelines was given to staff on how to support the person and what actions needed to be taken to alleviate the situation or behaviour. Action plans were put in place in accordance with people's care and support needs for example, to support behaviour that challenges people and others.

People, relatives and staff told us there were enough staff available to meet people's needs. People said comments such as, "Absolutely", "There are enough staff to look after me" and "[Staff] are always around and visible." A relative said, "Always somebody [staff member] floating about." A social and a health care professional agreed there were enough staff to meet people's needs.

We observed there were sufficient staff throughout the service to give people support in a timely way. Staff met people's needs at a time and pace convenient to them. The atmosphere in the service was calm and organised, staff worked in an unhurried way and were able to spend time with each person and respond to their needs and wishes. For example, when a person needed help to play a board game, have a drink, or

have help with personal care, a staff member was available to help them. We observed a staff member quickly put a person's footwear back on when they had fallen off. We saw a member of staff take their time explaining to a person what they had chosen for lunch.

Systems were in place to ensure there were enough qualified, skilled and experienced staff to meet people's needs safely. The manager told us that staffing levels were based on dependency levels. This included for example, if a person required more than one member of staff to support them or if people needed support to attend external appointments. Any changes in dependency were considered to decide whether staffing levels needed to be increased. We saw records that showed dependency levels were reviewed in a timely manner.

Safe recruitment and selection processes were in place. We looked at three staff files which confirmed the recruitment process ensured all the required checks were completed before staff began work. This included checks on criminal records, references, employment history and proof of identity. This process was to make sure, as far as possible, new staff were safe to work with people who may be at risk of harm.



# Is the service effective?

## Our findings

Staff told us, and records confirmed, that new staff received an induction which provided them with the skills needed to support people in an effective way. A variety of training had taken place. This included but was not limited to, safeguarding adults, fire safety and mental health. Staff said they also had the opportunity to read policies, procedures and people's individual care records. We saw staff training was not up to date, however further and refresher training had been planned for the forthcoming months.

Staff were positive about the support they received from the management team. They said that they had opportunities to meet with their line manager to review their work, training and development needs. One member of staff said, "I feel listened to [during supervision]." We saw records of staff supervision which clearly indicated that people were receiving advice to support people's needs from a member of the management team.

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

People can only be deprived of their liberty so that they can 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).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered managers and staff had an understanding of the MCA and DoLS and eight DoLS applications had been authorised and two were waiting to be authorised. People's care records showed that mental capacity assessments were in place for decisions such as medication, finances and people understanding their care plans.

People told us they were offered choices in every aspect of their day to day decision making. These included such as what time to get up, what to wear, choices at mealtimes and about what activities they wished to do. One person said told us they choose what clothes they wore that day. Another person had just returned from a shopping trip and told us they had purchased a new coat which they chosen themselves. We heard how members of staff gave people options of what activities they would like to do. Staff sought people's consent for all day to day support and decision making, using a variety of ways appropriate to their individual communication needs. We saw people were able to personalise their rooms with their own furniture and personal items so that they were surrounded by things that were familiar to them.

People told us, and we observed, that staff asked for consent before providing care. We observed staff asking people's consent before personal care, medication was given and supporting people at meal times.

We received positive comments about the food and drink. People said comments such as, "Very nice food", "All my meals are lovely" and "beautiful." A relative said, "[Family member] is on a special diet and eats well."

We observed the lunch time meal in the main dining area. The meal time was relaxed. Tables were covered with clean tablecloths and condiments were available when requested. A menu was not available but people told us they were given a choice of food in the morning. The registered manager told us a pictorial menu was being planned for the future to aid people to make a choice of meals. A variety of different cold drinks were available and people were offered regular drinks throughout the day. People received their meals promptly. Some people had adapted cutlery and crockery to enable them to eat independently. People who needed assistance to eat, for example with cutting up their food, were supported but not always discretely. For example, one person was asked if they wanted help with cutting up their food but the member of staff asked loudly so everyone could hear. We raised this concern with the registered manager who said they would speak to the member of staff. Staff provided one to one prompting and encouragement to people who needed additional support. They were patient and allowed each person as much time as they needed to eat their meal. Staff were asking people if they enjoyed their meal and people replied "Yes". We saw that people enjoyed their meals and ate well. One person had strawberries with their desert which they had grown in the garden which the person looked proud of. One person told us they are given the opportunity to take sandwiches with them if they are going out and would miss a mealtime.

There was a six weekly menu in place with a variety of food available. Staff working in the kitchen told us other options were available if people wanted a different meal such a jacket potato. Staff were aware of people's specific dietary needs and each person's food was prepared in accordance with their support plan. For example, where a person's food needed to be of a softer consistency, to help a person swallow it.

People and their relatives told us people had their health care needs met by a variety of professionals such as an optician, GP, social worker and physiotherapist. One person said, "I get me eyes checked." Relatives told us that their family member had access to a GP when required. Staff told us people's health was monitored and they were referred to health professionals in a timely way should this be required.

Records showed that each person had a comprehensive assessment of their health needs and had detailed instructions for staff about how to meet those needs. Staff were proactive and sought their advice appropriately about people's health needs and followed that advice. Clear guidance was also available for staff on meeting people's physical health needs. Recommendations made by a GP were followed.

Each person had a 'health action plan. This document provided external professionals with important information such as the person's communication needs, physical and mental health needs and routines. Health action plans went with people when they were admitted into hospital. This demonstrated that people had been supported appropriately with their healthcare needs and the provider used best practice guidance.

Areas of the service were accessible for people with physical disabilities, including wheelchair access to a garden. The corridors were wide so people could move around on specialist chairs and mobility equipment.

## Is the service caring?

### Our findings

Three people and all the relatives told us staff were kind and caring. One person said, "Very kind and very caring." A relative said, "Yes definitely, like a little family." They gave an example when their family member was in hospital the service would send a member of staff three times a week to visit them. Another relative said, "Yes they are kind and caring." A health care professional said, "A good few staff go above and beyond."

Staff spoke to people kindly and were patient and understanding and we saw that people responded positively to the members of staff. Members of staff were seen to offer a person reassurance several times when they were upset throughout the day. The person responded positively to the staff interaction. People were seen to be at ease with staff and they spoke openly and warmly to each other. The staff spoke kindly of people who used the service. One member of staff said, "I love my job, the people have good care."

We received mixed responses from people and relatives when asked if they felt listened to. Two people told us staff listen to them. One person said, "Yes they [staff] listen to me." A relative told us the staff listen to their family member and to them. Two people disagreed. One person said, "Sometimes yes, sometimes no." Another person said, "[Staff] play with their phones." However, throughout the inspection we observed staff communicated well with people and listened to what they had to say and acted on their wishes.

We observed staff used effective communication and listening skills when talking with people. Staff engaged positively with people, including them in discussions and decisions. People were relaxed with staff and there was an exchange of friendly communication that told us meaningful relationships had been developed. We saw a member of staff using Makaton to ask three people if they wanted a drink.

Information was available for people in different formats, for example in a picture format, about how to access and receive support from an independent advocate to make decisions where needed. Advocacy services act to speak up on behalf of a person, who may need support to make their views and wishes known. One person had no close relatives and as such an independent mental health advocate (IMCA) was chosen to represent them. We saw records that showed the IMCA visited the person monthly to ensure any DOLs conditions were being met and to raise or discuss any concerns the person had with the service.

Staff were aware of people's support needs and their personal preferences. When we asked two staff members to tell us about a person, they were able to describe a person's care needs, likes, dislikes and sleeping patterns. One person said, "[Staff member] knows me inside out, they read me like a book". People had a key worker and they told us they met with the key worker regularly to discuss issues that were important to them. A key worker is a member of staff with special responsibilities for making sure a person gets the care and support that is right for them and coordinating this with the rest of the staff team.

Each person had a support plan which had been developed with the person, a relative or others who knew them well. People's care records identified family and friends important to the person's emotional and psychological well-being. Relative's views and opinions were sought in developing the person's support plan.

and they participated in people's reviews.

People told us they were supported to make independent choices. One person said, "I am very independent, I'm allowed to be independent. I wouldn't want to stay here if I wasn't." Another person told us proudly they independently wash and dress themselves. A health care professional told us people are encouraged to make hot drinks independently.

People told us staff respected their privacy and dignity. One person said, "Staff knock on my door." Another person told us how staff cover them up during personal care. Staff told us they took steps to protect people's privacy during personal care by ensuring the curtains and doors were closed. One member of staff said, "This is their [people's] home."

We observed staff knock on people's door before entering. We observed people using the 'chill out room' where people could have privacy if they wanted it. This meant that people's privacy, dignity and preferences were respected throughout the inspection. .

We saw that staff treated information confidentially and care records were stored securely. The language and descriptions used in support plans showed people and their needs were referred to in a dignified and respectful manner.

The registered manager told us there were no restrictions on people being able to see their family or friends. People told us their relations can visit them whenever they want. One relative told us they feel they can visit the service, "Anytime".

## Is the service responsive?

### Our findings

People were at the centre of the service and staff worked flexibly and organised their day around the needs and wishes of people. Care was personalised, staff knew about people's lives, their families and what they enjoyed doing. The service recognised the individuality of each person regardless of their level of disability or the support they needed.

People's care records were written in a person-centred way and developed with the person and their relatives. Discussions had taken place with relatives to gain an insight into people's life histories and plans for the future. Information which showed their likes, dislikes, wishes, feelings and personal preferences had been considered when support was planned with them. People were supported in the way they preferred because staff had the necessary guidance to ensure consistent care. Daily records were up to date and gave a good overview of what had occurred for that person.

People's care records contained information regarding their diverse needs and provided support for how staff could meet those needs. One person attended a church where they also volunteered which was important to them. Another person was supported and encouraged to celebrate festivals relating to their particular cultural beliefs.

Regular reviews of people's support plans and assessments took place and contained appropriate information and clear guidance for staff to meet people's needs. We saw records that showed multidisciplinary meetings, a meeting of professionals, took place to discuss people's needs and plans for the future. We saw an example of how a person was supported with some of their goals and aspirations to live independently in the community. A support plan was put in place to enable the person to develop their skills and independence. The person told us they were being supported with cooking and cleaning which they enjoyed.

People told us about activities of interest they enjoyed doing. This included gardening, arts and craft and quizzes. One person told us they attend day services where they performed in shows. They also enjoy playing the piano and reading magazines. Another person told us they enjoy playing games on their computer.

Relatives appreciated that people were stimulated, enjoyed a range of activities and went out regularly. People went on holiday with support from staff. One person told us they went to Canada. A member of staff said, "I am going on holiday with a 'service user' to Mapplethorpe." A relative told us the service had arranged for their family member to go on holiday to Blackpool this year. This enabled the person to interact with people in the community and to gain the confidence to talk to people outside of their normal group of friends, family and staff.

Each person had a 'stimulation individual support plan' to support people with activities, interests and hobbies internally and externally. We looked a support plan where a person wanted to attend a music

concert, which they achieved. We saw that people were taking part in activities such as board games, singing and were attending day services. One person was playing a card game with a member of staff and was smiling and laughing. A social care professional told us they had seen people singing and dancing during visits. Staff told us of other activities people took part in such as going to the park, painting, going to a local disco and the cinema.

People were able to access their local community and to meet friends and family at external events. People told us they went shopping and had meals out. One person told us they attend church where they also volunteer.

People and their relatives confirmed they knew how to make a complaint. The complaints policy was accessible for everyone and provided guidance for people in a picture format. We looked at the complaints records which showed that complaints had been dealt with in a timely manner. One relative told us their concerns had been dealt with to their satisfaction.

Staff were clear about how they would manage concerns or complaints. A social care professional told us people had not raised any concerns during their visits.

## Is the service well-led?

### Our findings

During our previous inspection on 3 February 2015 we identified a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17-2 (a) and (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that checking systems were not effective to ensure the quality of the service. At this inspection we found that improvements had been made in this area.

The provider had a system to regularly assess and monitor the quality of service that people received. We saw that regular audits had been carried out in a range of areas including the environment, meal times, medication and COSHH (Control of Substances Hazardous to Health). Weekly checks had taken place for fire extinguishers and first aid boxes. We observed the weekly fire alarm test taking place. Monthly medication audits had taken place and actions in response to any identified issues. We saw records showed external medication audits had been completed by the GP surgery. Monthly care plan audits had also taken place and information about medication was up to date in people's care plans.

Relatives said that communication with the staff and the registered manager was good and that they felt involved in their family member's lives as much as they wanted to be. A relative told us the registered manager contacted them two to three times a week to give them an update on their family members stay in hospital. A social care professional told us the service informs them of any issues they need to address. A health care professional told us that they received information/ updates about people every time they attend the service.

The management team enabled and encouraged open communication with people who use the service, friends, family and external professionals. A 'Quality tree' system was used to seek and act on feedback from people using the service and other persons on the service provided. This involved face to face discussions with people as well as completion of survey questionnaires. We saw a report of comments made when the previous survey was carried out, which confirmed people felt safe and relatives were happy with the care their family members were receiving. The service was waiting on the results on another survey that was being conducted.

Staff we spoke with, and the records we saw, confirmed regular staff meetings had taken place where important issues could be discussed such as MCA, DoLS and medication. The previous CQC inspection was raised during one staff meeting and areas of concerns discussed. Staff told us they felt they were able to raise concerns and would be listened to by the management team. One member of staff said, "Without a doubt the management team would listen to me." Another staff member said, "You can go to any manager and they will listen to you."

Staff understood the ethos and aims of the service and could explain how they incorporated these into their daily work. One member of staff said, "Help people achieve their aspirations and goals." Another member of staff said, "To give good care so people have a good quality of life."

People who used the service, relatives and professionals we spoke with made positive comments about the registered manager. People said comments such as, "[Registered manager] is a good manager" and "She's lovely." A social care professional told us the registered manager listens to them when changes need to be made to people's support plans. A health care professional said, "[Registered manager] is accessible" and the management team are, "approachable".

We saw that the management team was visible throughout the inspection. People who used the service and staff were seen to freely and confidently approach the management team to talk and ask questions. The team leaders were observed to lead the shifts and were well organised and calm in their approach. There were good communication systems in place; this included daily verbal and written staff handover meetings and regular staff meetings.

The registered manager told us that they felt well supported in their role. They had regular meetings with their manager and had the skills to provide effective leadership within the home.

The registered manager was aware of their legal responsibilities to notify the CQC about certain important events that occurred at the service. The registered manager knew the process for submitting statutory notifications to the CQC.