Ms J Stockdale-Fisher

Iona

Inspection report

104 Well Street
Biddulph
Staffordshire
ST8 6EZ
Tel:01782 523396
Website: www.example.com

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Overall summary

We inspected Iona on 23 April 2015. The inspection was unannounced.

The provider is registered to provide accommodation and personal care for up to seven people with learning disabilities. At the time of our inspection, three people used the service.

At our last inspection of the service on 7 April 2014, the provider was not meeting all the regulations we inspected against. We found concerns about infection control and hygiene practices at the location. We asked the provider to send us an action plan outlining how they would make improvements. During this inspection, we found that improvements had been made.

The service did not always have adequate numbers of staff to support people to be involved in activities they liked or to access community facilities.

Summary of findings

The legal requirements of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) were not always followed when people were unable to make certain decisions about their care or when people could not leave the premises unsupervised.

The provider did not have systems in place for monitoring the quality of the service. People were not always involved in quality assurance feedback of the service.

Staff members understood what safeguarding meant and what actions they needed to take if abuse was suspected. Relatives told us that they were confident staff would respond to abuse appropriately.

People were cared for by staff that knew them and understood their needs. Staff supported people to attend healthcare appointments and liaised with their GP and other healthcare professionals as required to meet people's needs. People were supported to eat and drink adequate amounts, and had access food and drinks.

People told us the staff were kind and treated them with dignity and respect.

People who used the service, relatives and staff told us that the provider promoted an open culture. They were complimentary about the manager of the service.

We identified that the provider was not meeting some of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 we inspect against and improvements were required. You can see what action we have told the provider to take at the back of the full version of the report.

Summary of findings

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.

There were not always enough staff on duty to provide care. Staff members demonstrated an understanding of safeguarding and what actions they needed to take if abuse was suspected.

Requires Improvement

Is the service effective?
The service was not always effective.

Legal requirements of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) were not followed to ensure that decisions are made in the person's best interests when they are unable to do this for themselves. Adequate amount of food and drink were available and people were supported to have these. People had access to other health and social care professionals.

Requires Improvement

Is the service caring?
The service was caring.

People told us and we saw staff demonstrated kindness and compassion when they provided care. Staff knew people's needs treated them with dignity and respect.

Good

Is the service responsive?
The service was responsive

People were involved in planning their care. People were supported to develop and maintain friendships. The provider had systems in place for dealing with complaints or concerns raised about the service.

Requires Improvement

Is the service well-led?
The service was not always well-led.

The provider did not have effective systems in place for obtaining quality assurance feedback from people who used the service. The provider promoted an open culture within the service and supported staff to carry on their roles effectively. The manager was available and people told us they were approachable

Requires Improvement

Iona

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 was 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 23 April 2015 and was unannounced. One inspector undertook the inspection.

We reviewed the information we held about the service. Providers are required to notify the Care Quality Commission about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters. We refer to these as notifications. We reviewed the notifications the provider had sent us and additional information we had requested from the local authority safeguarding team and local commissioners of the service. No concerns were raised about the service.

People were unable to give us detailed information about their experiences of care. So we spent time observing care in communal areas to see how the staff interacted with people who used the service.

We spoke with three people who used the service, two relatives, two care staff members, and the manager of the service.

We looked at two people's care records to help us identify if people received their planned care and reviewed records relating to the management of the service. These records helped us understand how the provider responded and acted on issues related to the care and welfare of people, and monitored the quality of the service.

Requires Improvement

Is the service safe?

Our findings

In the last inspection, the provider was not compliant with Regulation 12 of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2010, Cleanliness and infection control, which relates to Regulation 12 of the HSCA (Regulated Activities) Regulations 2014. During this inspection, we saw that the provider had made the required improvements. We saw that systems were in place for monitoring cleanliness and infection control. The environment was clean and the provider had made suitable arrangements for the disposal of continence aids. We saw that cleaning schedules had been implemented and these were followed to ensure that good standards of cleanliness and hygiene were maintained.

There were not always sufficient numbers of staff to meet people's needs. For example, One person told us they enjoyed going swimming. We asked a staff member when the person went swimming and the staff member said, "There's no one here at the moment to take them swimming. Swimming depends on the weather and who else is on duty". We saw that there was one member of staff on duty and additional staff was not available so that the person could be supported to go swimming if they wished to do so.

A relative of a person who used the service told us one person who enjoyed singing and dancing had to be rushed off from an important family event shortly after they arrived. The relative commented, "[Person who used the service] was at the party briefly. An hour wasn't enough. [Person's name] wasn't impressed when they had to leave. Staff said they ordered a taxi for [time of the day]. That upset my mum and the family. We had to rush to take the photos. [Person name] was really enjoying themselves". The provider had not ensured that adequate numbers of staff were available to support the person to take part fully in an event.

One person could not go to the local shops independently due to safety concerns. The person told us that they enjoyed going out but were happy to wait to be accompanied out by the other person who used the service or staff. A staff member said, "[Person who used the service] knows why they can't go out on their own so I ask [Another person who used the service] if they want to go out with them". The staff member told us that the person was happy to wait if staff were not available to take them out when they wanted to. There was one member of staff on duty in the afternoon, which meant that the person would have to be accompanied by another person who used the service if they wanted to go out. We noted that that there were no plans in place of how the person would be supported by staff to access the community if they wanted to do so or risk assessments to ensure that it was safe for the person to be accompanied by another person who used the service.

The examples above showed that there was a breach of Regulations 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because there were not always adequate numbers of staff to support people who used the service.

People told us they felt safe at Iona and would raise any concerns with staff. A member of staff said, "They [People who used the service] are very open. If someone had a go at them when they were out, they tell us but we do look for signs anyway". Staff explained how they would recognise and report abuse. Procedures were in place that ensured concerns about people's safety would be reported to the manager and local safeguarding team

People were encouraged and supported to be as independent as they could because staff had a positive attitude to risk. For example, one person who could not always maintain their safety in the kitchen had risk assessments in place which identified potential risks and how they could be managed. We observed the person assisting in preparing ingredients needed to cook the day's main meal but were not allowed to use any electrical equipment in the kitchen unless they were being supervised by staff. The person knew the equipment they were not allowed to use and understood that it was for their safety.

Medicines were managed safely. Our observations and medicines records showed that effective systems were in place that ensured medicines were ordered, stored, administered and recorded to protect people from the risks associated with them.

Requires Improvement

Is the service effective?

Our findings

Legal requirements of the Mental Capacity Act (MCA) 2005 were not followed to ensure that decisions in people's best interests when they are unable to do this for themselves. For example, One person we spoke with could not always make decisions about their health and wellbeing and often needed support from staff to make these decisions in their best interest. The manager said, "[Person who used the service] has limited capacity. They can decide on what they want to wear, eat, where they want to go and they choose what they want to spend their money on". We saw that the person needed to be supported by staff at all times in the community and staff confirmed this. However, capacity assessments had not been completed to determine what decisions needed to be made in their best interest.

Another person needed to be supervised as all times when they were out in the community. A member of staff said, "[Person's name] can't go out on their own anymore because they've got dementia". Another member of staff said, I wouldn't let [Person's name] out on their own; they are not aware of danger". The manager told us they had not made any Deprivation of Liberty (DoLS) applications for any of the people who used the service. They said, "In practical terms, it wasn't felt that it (DoLS applications) was needed. The only thing we've done differently is that we've now locked the front door but they are completely free to come and go". However, we saw that this person could only leave the premises if they were accompanied by staff or a relative.

Staff did not demonstrate an understanding of the legal requirements they had to work within if people required constant supervision and could not live the service whenever they wished to. The Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) set out requirements that ensure decisions are made in people's best interests when they are unable to do this for themselves. The examples above showed constituted a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's relatives told us that staff understood the needs of the people they cared for and had the skills to provide care. Staff told us that they knew the people they cared for well and had received relevant training to give them the skills they needed to provide care and support. One newly recruited staff member told us they had recently completed training in medicines management. They said, "I've just passed my medication test. It took us two months to do it". We saw minutes of staff meetings which showed that staff were encouraged and supported to have regular training to enable them provide effective care.

People could make choices about food and drink. Staff told us, and we saw how they enabled people to make choices about what the wished to eat. One person told us, "We tell the carers what we like to eat every week". They showed us a menu which they had agreed on for the week. A relative commented, "They do their menus themselves, which is good". We observed them preparing lunch together with support from staff and also saw them helping themselves to drinks when they wanted to. We saw food was available in the kitchen cupboards and in the fridge and people had access to these. This showed that people could access sufficient amounts of suitable food and drink.

Staff told us and care records showed that people's health and wellbeing were monitored. Relatives told us that people were supported to attend health and social care appointments. We saw people's health was monitored and staff knew when a referral to a doctor was required if there were significant changes in people's health. We saw that people had access to health and social care professionals. For example, we saw that an occupational therapy assessment was requested and carried out in relation to one person who staff had concerns about their road safety.

Good

Is the service caring?

Our findings

We asked all the people if they were happy living at Iona and they were all either able to tell us or show us they were happy by either saying yes or showing a sign that they were happy. One person said, “They [staff] are very nice. They are very helpful as well”. Another person said, “[Manager’s name] is a nice person. They treat us to things.” Relatives told us that staff were caring and their relatives were happy in Iona.

We saw that people were treated with kindness and compassion. For example, we saw staff speak with people using terms of endearment that people responded positively to them by smiling. Staff told us they enjoyed working at the service because it was small, homely and they enjoyed supporting the people because they could see it made a difference in the people’s lives. A manager said, “We see them as family and not residents in a home”. We saw that the atmosphere was homely and people who used the service interacted with each other and with staff well and were able to move freely around the home.

The people who used the service had been living there for several years. Staff told us how they knew how people were feeling by the behaviours people displayed. They knew how to help people be happy and how to prevent people from becoming sad. We observed that staff understood how people showed their feelings and staff knew how to manage people’s behaviours to improve people’s experiences of care.

People told us they were involved in making decisions about their care. They told us that the manager and senior carers sat with them regularly to obtain their views about their care. The manager told us, “Because we are so small, we see each other every day and get feedback about how people feel about things”.

We saw that staff demonstrated respect when they interacted with people. We saw staff speak with people in a non-patronising manner that reflected their age. People’s wishes about how they wanted to spend their time in the home were respected. For example, one person was not very keen on taking part in preparing lunch on the day and staff respected this.

Staff told us and we saw that people’s dignity and independence was promoted. We saw one person cleaning their bedroom, supported by staff. We saw people helping out in the kitchen to prepare their evening meal. We saw people preparing their snacks independently and eating independently. One person told us they went to the local shop regularly to make purchases for themselves. They told us they also accessed the local cafés independently.

Requires Improvement

Is the service responsive?

Our findings

People not always getting care in accordance with their preferences. For example, one person who enjoyed swimming could not always go swimming when they wished to because staff were not always available to take them swimming.

We asked the manager if advocates (professionals who can help people make choices) were involved when important decisions had to be made about people's health and wellbeing. The manager said, " They haven't got advocates and their next kin don't make decisions about their finances. The council have contractual responsibility for their finances". This meant that people did not always benefit from the support of a professional to ensure that their preferences and wishes were considered when important decisions about their health and wellbeing were being made.

We saw that people felt comfortable and relaxed with staff members. We saw that they approached staff to express their concerns and staff responded appropriately to these concerns. For example, we observed one person who could not always communicate verbally, showing the manager where they were in discomfort. The manager spoke with them slowly and used signs language to determine what the actual concern. Following this, the person was provided with the required care to ease their discomfort. The person returned shortly later with a smile on their face.

People told us that they had been involved in the care planning process. People said they were going on holidays and were looking forward to it. They told us of the various places they had visited and where they had gone to on holidays. We saw minutes of meetings which showed that discussions had taken place with the people to decide on what they wished to do during the summer holidays and plans were in place to ensure that this happened.

People were supported to develop and maintain friendships. For example, people told us they had all been to visit another person who used the service who was unwell and had been admitted in hospital. They told us they missed the person. We saw that discussions had taken place with the people and staff on how hospital visits would be facilitated.

We saw the people who used the service supported and encouraged each other. For example, we observed that one person regularly asked another person if they were ok and brought any concerns to the attention of staff. We observed that the people who used the service motivated each other to take part in activities. This showed that positive relationships had been developed between the people who used the service.

People told us that they would speak to the manger or staff if they had concern. Relatives told us they had not had any reason to make any complaints about the service. They told us they would approach the manager is they had any concerns and felt that these would be resolved. A relative we spoke with said, “[Person who used the service] tells us if there is anything bothering them and there hasn’t been anything in the last 10 years”.

Staff told us how they would respond to a complaint and this was in accordance with the provider’s complaints policy. The manager told us that concerns were identified and resolved quickly because the service was small. Staff knew the people and their families well and could usually tell when there were concerns. By so doing, concerns were resolved quickly

Requires Improvement

Is the service well-led?

Our findings

The provider did not have effective systems in place for monitoring the quality of the service. People who used the service, their relatives and other professionals were not involved in quality assurance feedback which could be used to improve practice and the quality of the overall service provided. The manager told us they were a small service and obtained verbal feedback from people who used the service and their relatives informally. However, because there were no systems in place for recording feedback. The provider could not always demonstrate if the feedback provided had been used to drive improvements.

There was a positive atmosphere at the home. People appeared happy because they were interacting and smiling around the staff, and the staff also appeared happy and spoke with people and each other in a friendly and respectful manner. Staff told us they enjoyed working at the service. We observed positive interactions between people who used the service, staff and manager.

People and staff told us they liked the manager and the manager was approachable. One staff member said, "[Manager's name] is a nice and is very supportive". They told us that they would speak with the manager if they had any concerns. Staff told us and we saw that regular meetings with the manager were planned to discuss their development needs.

The registered manager understood the responsibilities of their registration with us. They reported significant information and events to us, such as, incidents of harm to people who used the service in accordance with the requirements of their registration.

The manager completed quality checks. These included medicines management, health and safety and care records. Where concerns with quality were identified, action was taken to improve quality. For example, the manger showed us the improvements that had been made following concerns raised during the previous inspections. For example, cleaning schedules and maintenance schedules had been implemented and were closely monitored for concerns. The service used accident forms and body maps following incidents to ensure that people received the appropriate care and steps were taken to prevent reoccurrence.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent The provider did not act at all times in accordance with the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) to ensure decisions were made in people's best interests when they were unable to do this for themselves.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing There were not always sufficient numbers of staff on duty to meet the needs of people who used the service.