

Innova House Health Care Limited

Woodlands - Innova House CLD

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 18 November 2015 and was unannounced. There were breaches of legal requirements at our last inspection on 7 October 2014 and we were assured by the provider that improvements were made following that inspection visit. During this inspection we found that most of the improvements that were made had been maintained and other improvements were still being made.

Accommodation for up to nine people is provided in five adjacent houses that form Woodlands - Innova House CLD. The service is designed to meet the needs of people with learning disabilities and autism. There were seven people accommodated during our inspection.

There was a registered manager in place at the time of this inspection. However a new acting manager was taking over and had started the process to register. A

Summary of findings

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 and associated Regulations about how the service is run.

People were safely cared for by staff who knew what action to take to keep everyone safe and the provider used safe systems when new staff were recruited. Risks to safety were minimised. However, we found that not all staff were following procedures to ensure people received their medicines as prescribed. Immediate action was taken during this inspection, so that only competent staff continued to manage medicines.

Following our previous inspection visit, changes were made with the induction process. Each new member of staff received an increased amount of time shadowing a suitably qualified member of staff before they worked alone with people. All staff had received a lot of training that helped them to carry out their roles and meet people's individual needs

People received sufficient to eat and drink and they had the support they needed to see their doctor and other health professionals as needed.

Since our last inspection, improvements had been noticed in the way staff respected people's privacy and staff were knocking on their door and giving the person chance to answer the door themselves. Staff listened to people and supported them follow their interests. Staff encouraged people with daily tasks and demonstrated a kind and caring approach at all times. People were involved in making decisions about the care and support they needed.

People's individual needs had been assessed and full clear plans were specific to each person. Staff were knowledgeable about how to respond to people's individual likes and interests. People had individual activity plans and had chosen what they wanted to do. Staff assisted people to take part in appropriate daily activities and holidays.

The complaints procedure was clear and people knew how to make any concerns known.

Since our previous inspection visit, a new acting manager had taken over management responsibilities and was based in an office in one of the houses of the service. This base allowed the manager to improve the monitoring of the service and, overall, we found the service was well led.

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 consistently safe.

Medicines were stored securely, but improvement was needed to ensure all staff were competent in ensuring people received them safely.

Staff understood what action they needed to take to keep people safe and new staff were thoroughly checked to make sure they could safely work with people at the service.

Action was taken to minimise all risks to people's personal safety and there were enough staff employed to keep people safe.

Requires improvement



Is the service effective?

The service was effective.

The staff knew the people they were supporting and the care that they needed. The staff were trained to provide the support individuals required.

People's rights were protected at all times.

People received sufficient to eat and drink and they had the support they needed to see their doctor and other health professionals as needed.

Good



Is the service caring?

The service was caring.

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

Advocates were available to speak on behalf of people and represent their views if needed.

People were treated with respect and their independence, privacy and dignity were promoted.

Good



Is the service responsive?

The service was responsive.

Care was personalised and responsive to people's needs. People's individual preferences and interests were respected and staff supported people to engage in their chosen individual activities.

People understood the complaints procedure.

Good



Is the service well-led?

The service was well led.

Good



Summary of findings

There was a management structure and people understood who was in charge. The staff were well supported and there were systems in place for staff to discuss and continually improve their practice.

The quality of the service was well monitored.

Woodlands - Innova House CLD

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 18 November 2015 and was unannounced. One inspector visited on this occasion.

Before we visited we reviewed the information we held about the home including notifications. Notifications are about events that the provider is required to inform us about by law. We also considered feedback from other professionals.

During our visit we spoke with three people living at service, three care staff and a new acting manager.

We looked at the care plans for three people, medicine records and some other records relating to staffing, accidents and incidents.

Is the service safe?

Our findings

People told us they felt safe and protected from harm. One person said, “the staff know how to protect me. Sometimes they need to help me to calm down. They know how.” Another person said, “Its safe here. I like it.”

Staff told us that they had been trained in how to safeguard people and they knew how to use the whistle blowing policy. A new member of staff told us they received information about the safeguarding and whistle blowing policies on their first day at the service. They knew there would be further safeguarding training. There were records to show that most other staff had completed this training and some were on a list for the next course date. Staff gave us examples that showed us they understood what action they needed to take in reporting concerns as well as in managing situations where people may become at risk of abuse from others.

We found the registered manager had taken action when there had been concerns and appropriate reports were made to the safeguarding authority to ensure concerns were fully investigated. This meant there were strategies to keep people safe and reduce future risks to their safety.

Staff were aware of the action they needed to take to support people safely when out in the community. There were assessments of a range of risks within the care plans that we looked at. The guidance and direction to staff covered all potential risks to personal health and safety.

We saw there were records of the regular maintenance checks that were carried out regarding the firefighting equipment and water temperatures. There were also fire evacuation practices and we saw individual evacuation plans on people’s files, so that it was clear what support and encouragement would be needed with each person. This reduced the risks to people living there and to staff.

People told us they had individual support as needed. This was at home as well as when they went shopping or so they could access other activities outside. The acting manager told us that the aim was to provide sufficient staff to meet people’s needs in a flexible way, so that everyone was supported at the times they needed.

One person told us they had been assessed as needing a member of staff in their house with them during the night. The person agreed with this, as they felt the risks were

properly assessed and it helped them to feel safe. We saw there were staff supporting people in each house during the day and the manager was in addition to this. Staff told us there were always enough staff available and if any staff were unable to attend their shift at short notice, other staff stayed until another person was available to work. This means there were always enough staff to keep people safe.

Recruitment was on-going and one new staff told us that thorough checks had been made before they were allowed to commence work. We saw records that confirmed there was a robust recruitment process to make sure, as far as possible, new staff were safe to work with vulnerable adults.

Two people told us the staff looked after their medicines and they were happy that their medicines were kept securely until they needed them. We saw that all medicines were held securely in a locked cupboard in one of the houses. Staff 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. We saw one person receiving their lunch time medicines and the person refused saying, “I don’t have those now, they’re for night time.” Neither the staff member administering the medicines nor the witness staff member had seen the error they were making. This meant that an important medicine would not have been made available had the person themselves not known what they normally had at that time. This was reported by the staff concerned to the acting manager. The information was passed to the provider’s general manager who took immediate action in not allowing the two staff concerned to administer medicines to any other people until their competency could be reassessed.

Another staff member told us that they had received training and guidance about medicines from a local pharmacist. They told us their competency in this area had been checked in the past, but not recently. So, medicines were organised, but staff competency in administering them had not been checked recently, which meant there was a risk that people would not receive their medicines safely. The acting manager told us that competency assessments would be arranged for all staff as soon as possible to improve safety in this area. We looked at the medicine records for other people and found no discrepancies. There were plans that directed staff about how and when each medicine should be given, which

Is the service safe?

clarified how some people preferred to take their medicines. All staff we spoke with knew where to find the medicines policy and procedures, as they each had their own copy.

Is the service effective?

Our findings

When we inspected on 7 October 2014, we found there was a breach of regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because the amount of training and information provided before staff had full responsibility for people in their care was insufficient to meet care needs effectively. Following the previous inspection visit the provider told us about the changes they were making in the way new staff were inducted and received their training. They told us that all staff received information about the key areas of work on their first day of the induction with the manager. Also, each new member of staff would have an increased amount of time shadowing a suitably qualified member of staff before they worked alone with people.

At this inspection, one person told us that staff knew what they needed to do to support them and another person told us they always told staff what support was needed and staff followed instructions

We found improvements had been made in this area since our previous visit. One newer staff member said they received induction training and shadowed other staff for the first week of working at the service. They had completed some standard training in addition to their induction and they were aware of the dates of more training to attend. The provider had registered all new staff to undertake the new Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It gives people who use services and their friends and relatives the confidence that the staff have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

More experienced staff told us they had received a lot of good training and this helped them to carry out their roles and meet people's individual needs. In discussions with us, they were able to demonstrate how they had learned from their training and experiences.

There were training records and we saw all the training that had taken place on many relevant subjects, including working with people whose needs were related to autism. Staff gave relevant examples of how they applied their training. Staff told us they could approach the registered manager, new manager or general manager should they

need support at any time. They had telephones in each house in order to make immediate contact and the new acting manager, was usually able to respond immediately, as she was based in one of the houses for most of each day. Staff also had regular individual supervision meetings, when they could discuss their training needs. We saw there were records of these meetings that had been held approximately every three months with a team leader or the registered manager. The new acting manager told us that she had booked dates to meet with each member of staff for the next supervision meeting. This meant people were supported by staff who were trained and supported to meet their needs.

People told us they made their own decisions about what they did each day and the support they needed. One person showed us their activity programme which detailed their own choices of what they wanted to do. Another person told us about attending meetings to agree extra support at specific times.

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 to 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 are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. The staff understood how best interest decisions were made using the MCA. We saw that a two stage test was used when needed. The plans were clear about the support that people needed to make some decisions in their best interests.

All staff had received induction training on the Mental Capacity Act (2005) (MCA) and demonstrated through discussion that they knew when they needed to act in people's best interests. We saw examples of where some people did not have full mental capacity to make some

Is the service effective?

decisions and there were appropriate assessments and specific plans to direct staff to act in people's best interests. There were records to show that advocates and relatives had been involved in decisions.

Staff were also aware of the Deprivation of Liberty Safeguards (DoLS). We saw that staff were following the conditions of the DoLS that had been agreed, so that no one was being unlawfully restricted in any way. Staff were highly aware of the risks posed due to the way some people behaved when they were expressing their distress. Staff gave us examples of how they had managed some situations where people may have been at risk due to their own behaviour. Staff said that any restrictive holds were only a last resort and rarely used. Sometimes they needed to call police for assistance. There were records of incidents and staff had the chance to discuss and reflect on their actions. The way staff met the challenge of some people's behaviour was effective and least restrictive.

People told us they enjoyed their meals and snacks. We saw that staff helped them to keep the kitchens clean and well organised. Each person chose the food they wanted to eat and went food shopping with staff once a week. Most people cooked their own meals with support from staff. We

saw that one person did not cook any meals, but assisted with baking once a week as a specific activity. There were records of the food eaten that showed a nutritious and varied menu. We saw fresh food was used as well as frozen and some fresh fruit was available for snacks. People were offered or reminded about a choice of hot or cold drinks at regular intervals and most people made their own drinks.

Staff told us about people's nutritional needs and preferences. They knew about cutting up food for one person though this was not clear in the person's care plan. Staff said they knew what to do from shadowing other staff.

People were supported to maintain good health. There were health action plans for each person to clarify what a person needed to stay healthy, though not all information was clear and up to date for one person. Staff tried to work with people to keep these up to date and also recorded progress in the main care plan files. There were records of health appointments and the involvement of various health care professionals. People told us staff supported them to go to appointments and staff talked about how they had followed advice from doctors and other health professionals. This showed that people's on-going health was monitored.

Is the service caring?

Our findings

When we inspected on 7 October 2014, we found there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, as staff at the service were not consistently respecting people's privacy. There was a three knocks policy. This meant that when staff arrived at a house, they should knock on the door and wait to give the occupants time to answer the door. Only after trying this three times should they enter. At the last inspection none of the staff on duty were following this policy. The registered manager told us in a written action plan that staff had been re-trained about the importance of privacy and dignity when entering people's houses.

On this inspection, one person told us that improvements had been noticed and staff were knocking on their door and giving the person chance to answer the door themselves. In another house another person told us the staff always knocked and waited before entering. We witnessed this in practice, though on one occasion one of the staff walked in without being invited when accessing the house to administer medicines. The acting manager told us this would be raised again to ensure all staff were always following the policy, so that people's privacy was always respected and their independence encouraged in answering the door.

People told us they also felt respected in other ways. One person said staff always asked them what they wanted to do and they felt staff listened to them and supported them follow their interests. We saw that the care plans had been moved since the previous inspection and were each kept securely within the respective person's own house. This meant they were available for staff to access for information about people's likes and preferences when needed and people knew their information was kept privately.

Two staff told us about their training that included respecting people's dignity in every way they could. One

staff said, "It's always important to keep things private and we make sure doors are closed so no one walks in when people are in the bathroom." This showed that staff at the service promoted privacy and dignity.

One person told us, "I like the staff to be here to help me. I like to have company. They help me to do things for myself – like we're going to do some decorating together."

We saw positive interactions between staff and people who lived at the service. For example, we saw staff encouraging people with daily tasks and returning from shopping together. Staff demonstrated a kind and caring approach when speaking to people and asking for their views at all times. We heard staff saying to one person, "Shall we go to the cinema or bowling after something to eat? What do you think?" It was clear that staff gave people time to respond and we heard some friendly conversations. We also observed that staff understood a person who did not use verbal communication. Staff knew how to interpret the person's actions and were aware of the person's likes and dislikes.

People were supported to maintain and develop relationships with other people using the same service and they had the opportunity to meet with other people from the provider's other services. One person told us that they did not always get on with the person sharing their house, but we heard staff discussing plans with them about how they could share space between them. In this way staff were encouraging positive relationships.

People told us they went out to buy their own clothes and other personal items with staff support. Two people told us they had been involved in the decision making process about the support they needed. They had met with social work staff as well as staff at the service. There was information about advocacy services and named advocates were recorded in people's care plan files. We saw records that showed that Independent Mental Capacity Advocates (IMCAs) had been appointed for some people that lacked full mental capacity.

Is the service responsive?

Our findings

The service was responsive to people's individual needs and interests. We spoke with two people who used the service and they each told us that they were supported to undertake the activities they chose. One person told us about going to local shops with a staff member and said, "I go to other shops when I want to as well." Another told us about going to the cinema and said, "I say when I'd like to see a film and staff talk with me about what to see and then we go." The provider also had an activity centre nearby and one person told us they had been there in the evening sometimes with staff support to play on the computer there. Staff told us that another person attended daytime activities there.

We saw that needs and preferences were detailed in personalised care plans. Since the last inspection the registered manager had arranged for filing cabinets to be placed in each of the houses, so that staff members had all the information they required. Staff were aware of individual needs and told us they had opportunities to read the plans. They said that this was easier now that files were stored in the individual houses. A new member of staff told us they had been individually introduced to each person at the service during their induction. They felt they were able to develop an understanding about people's backgrounds and cultures. They were able to describe needs and how they responded to them. Throughout the inspection day each person had individual attention from a member of staff.

People had individual activity plans and had chosen what they wanted to include. We saw one person was happily watching their favourite television programmes during our visit and staff told us about regular baking activities with this person as well as shopping trips.

We also heard about people's holidays. One person was supported on the holiday they had chosen in Spain and three people had spent time at the local Centre Parks with support from staff. Another person had been away on a holiday with their own family.

The service listened and responded to people's concerns and complaints. One person told us, "I've got my own copy of the complaints procedure." Another person told us they knew they could speak to a senior manager, but they would tell the support staff if they had any concerns or complaints. They said that staff and managers had always listened to them and they had no complaints. The acting manager told us the complaints information was given to people in a folder when they first moved in and staff had the information in their pack of policies for use when needed. Staff told us they also knew the complaints procedure and would help people to make a complaint if needed. They said they would pass on any written complaint to one of the management team, but none of the staff we spoke with had received any complaints from people.

We looked at some detailed records of previous complaints and it was clear that a response was given immediately, though the final outcome was not always clearly recorded. The acting manager assured us that each previous concern had been thoroughly investigated and there were no outstanding actions from complaints.

Is the service well-led?

Our findings

When we inspected on 7 October 2014, we found there was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because the checking systems were not effective in ensuring the quality of the service and the registered manager was not aware of all areas in need of improvement. The provider told us a detailed action plan of the action they were taking and we found improvements had been made when we carried out this inspection.

As at our previous inspection, there were systems in place for the provider to monitor and audit the quality of the service provided. We saw that a manager and senior team leaders carried out weekly audits of daily records and there were checks on the environment to ensure maintenance issues were monitored. From all checks the actions for improvement were identified and were passed on to relevant staff. The general manager also reviewed actions needed with team leaders and the manager.

The registered manager was not available during this visit, but a new acting manager was taking over management responsibilities and was based in an office in one of the houses of the service. This was a change since the last inspection when the manager was based in a separate administration building. The acting manager had been able to observe practice more and was monitoring the service more closely. She was spending time with people who used the service and staff, by visiting each house each weekday morning. People told us they knew the acting manager by name and that she listened to them. The acting manager was also reviewing and adjusting care plans to ensure people's needs were met. There was always a team leader on each shift, who would be available to other staff in the absence of a manager. Staff told us they were getting used to a manager being on site and felt more supported as it was easier to get information and assistance when needed. A visiting professional who we contacted prior to our inspection told us that the service seemed more organised than previously and this had a positive impact in that the person they visited seemed more settled.

The acting manager was supported by the registered manager, who was based in another of the provider's services close by. There was also daily support from a general manager. The acting manager had started the process of registration with the CQC. From CQC records we found the registered manager and acting manager had submitted notifications to us about events that the provider is required to inform us about by law. We saw from these that appropriate action was taken to keep people safe and meet their needs. We were also able to see, from people's records, that positive actions were taken to learn from incidents. There was also a system to debrief staff following incidents. We saw care plans had been updated to reduce the potential for similar incidents reoccurring.

We found a positive and inclusive culture amongst the staff was promoted by the provider through managers and team leaders. The staff were encouraged to develop positive values through their induction, when they shadowed other staff and through discussions in staff supervision meetings. The acting manager was undertaking individual appraisals with each member of staff during the week of the inspection. Support staff told us they saw these as positive so they could review how well they were working. This was in addition to regular supervision meetings with team leaders. There were also regular staff meetings held every eight weeks. Staff told us they received information about changes in these meetings and had the chance to contribute their own views about the service.

There was a 'Quality tree' system to seek and act on feedback from people using the service and other persons about the service provided. This involved face to face discussions with people as well as completion of survey questionnaires. A report was available of comments made when the previous survey was carried out, which confirmed people felt safe and were content with the service. Questionnaires had been sent out again recently, so that the provider could obtain the up to date views of people at the service, their relatives and other interested parties.