Idelo Limited

Idelo Limited - 8 Courtenay Avenue

Inspection report

8 Courtenay Avenue
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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

Summary of findings

Overall summary

This inspection took place on 8 September 2016 and was unannounced. When we last inspected this service on 29 August 2014 we found the service met all the regulations we looked at.

Idelo Limited – 8 Courtenay Avenue is a care home which has been registered to accommodate a maximum of three people with mental health conditions and learning disabilities. On the day of our inspection there were three people using the service.

The home had a registered manager. 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.

Medicines were safely administered and recorded. However, medicines training and staff competency checks were not consistently completed. Medicines audits were completed by the registered manager but this was not always documented.

Procedures and policies relating to safeguarding people from harm were in place and accessible to staff. Staff had completed training in safeguarding adults and demonstrated an understanding of types of abuse to look out for and how to raise safeguarding concerns.

Detailed current risk assessments were in place for all people using the service. Risk assessments explained the signs to look for when assessing the situation and the least restrictive ways of mitigating the risk based on the individual needs of the person.

The home maintained adequate staffing levels to support people both in the home and the community.

We saw friendly, caring and supportive interactions between staff and people and staff knew the needs and preferences of the people using the service. Care plans were person centred and reviewed regularly.

We saw evidence of a staff induction and on-going training programme. Staff had regular supervisions and annual appraisals. Staff were safely recruited with necessary pre-employment checks carried out.

People are supported to eat and drink. People were consulted about weekly menu choices and supported to prepare their own meals. Food was freshly prepared. Details of special diets people required either as a result of a clinical need or a cultural preference were clearly documented and staff were aware of such preferences.

People are supported to maintain good health and have access to healthcare services. Referrals are made quickly when concerns are noted as regards people's health.

A complaints procedure in place which was displayed for people and relatives and complaints were logged and investigated.

The service undertook a range of checks and audits of the quality of the service and took action to improve the service as a result.

The registered manager and operations manager were accessible to people and staff who spoke positively about them and felt confident about raising concerns.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe. People were supported to have their medicines safely, however staff training in medicines management was not consistently taking place. Not all staff had regular medicines competency assessments.

There were sufficient staff to ensure that people's needs were met. Safe recruitment practices were adhered to.

Staff were aware of different types of abuse and what steps they would take if they had safeguarding concerns.

Risks to people who use the service were identified and managed effectively.

Is the service effective?

Good

The service was effective. Staff had access to regular training, supervisions and appraisals which supported them to carry out their role.

People were encouraged to make their own choices and decisions where
possible. Staff understood the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS) and the implications for people living at the home.

People's nutrition is monitored and healthy eating was promoted. People's dietary requirements were adhered to.

People had access to healthcare professionals to make sure they received appropriate care and treatment.

Is the service caring?

Good

The service was caring. We observed caring and positive interactions between staff and people who use the service.

People were treated with dignity and respect. Privacy was respected.

Care plans were detailed and provided information about

people's needs, likes and dislikes.

Is the service responsive?

Good

The service was responsive. Care plans were person centred.

People had access to a variety of activities and they were supported to access the community which supported people to be independent.

The home had a complaints policy in place. People and relatives knew how to complain if they needed to.

Is the service well-led?

Good

The service was well led. People, relatives and staff told us the registered manager was approachable and provided assistance when needed.

The quality of the service was monitored. There were systems in place to make necessary improvements following external audits of the service.

Idelo Limited - 8 Courtenay Avenue

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.

The inspection took place on 8 September 2016 and was unannounced. The inspection was carried out by one inspector.

Prior to the inspection we reviewed the information we held about the service. This included information sent to us by the provider about the staff and the people who used the service. 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 service, what the service does well and any improvements they plan to make.

During the inspection, we spoke with two people who used the service, two care staff, the registered manager and the operations manager and one healthcare professional.

Following the inspection we spoke with three relatives and obtained their feedback.

We reviewed the care records and risk assessments of three people who used the service, four staff records and records related to the management of the service.

We requested feedback from two health and social care professionals, however at time of reporting, feedback had not been received.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe living at Idelo – 8 Courtenay Avenue. Relatives also told us they felt their loved ones were safe living at the home. A relative told us, "[My relative] is fine there. [My relative] is happy there." Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. Staff had received training in safeguarding people. They were able to describe the types of abuse to look out for and the steps they would take if they had concerns. Staff identified that they could report abuse concerns outside of the organisation to the local safeguarding authority and the CQC. The home had a safeguarding policy in place which listed steps of investigating concerns from raising the initial concern right up until the outcome from a local safeguarding authority investigation.

Risk was identified and managed effectively. Current personalised risk assessments were in place for people which had been signed by the person where possible. Risks were identified using warning signs and a plan was put in place to manage the risk. Risks identified included deterioration in mental health, aggression or violence, exploitation by others and going missing from the home. Risk assessments were updated on a yearly basis and the provider's own guidance stated that risk assessments were supposed to be reviewed on a monthly basis. However, we saw that two peoples risk assessments had not been reviewed on a monthly basis, although the risk assessments had been completed in May 2016. One person's risk assessment had been updated when their needs changed.

People were supported by sufficient staff to meet their individual needs and promote person centred care. Rotas showed that there was one member of staff on duty all day with an additional staff member on duty in the morning and evening time. A member of staff was also present throughout the night on a sleeping night shift. People, relatives and staff told us that there were sufficient staff to meet peoples care needs which was also observed on inspection.

Staff files included application forms, proof of identification and references. We found that references had not always been followed up to ensure their authenticity. We discussed this with the registered manager who advised us that a recruitment checklist to support staff in ensuring all recruitment checks are completed had recently been drafted and was awaiting sign off from the operations manager which was discussed with the operations manager during the inspection. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults. Staff were asked during their annual appraisal to complete a declaration confirming whether they had received a criminal conviction in the previous year. We saw that for a recently recruited member of staff, the service did not complete their own criminal records check and instead relied on a criminal records check recently completed by a previous employer. The registered manager told us that they had asked the newly recruited member of staff to sign a declaration that they had not received a criminal conviction since the criminal check had been completed one month prior to employment with the service. Records seen confirmed that staff members were entitled to work in the UK.

People told us that they received their medications on time. One person told us, "I take just two medicines with water and they are on time." Systems were in place to make sure people received their medicines

safely. We checked the medicines in stock and they were all accounted for. We checked the medicines administration records (MAR) and saw these has been completed and signed with no omissions in recording. The medicines were stored safely in a locked cabinet and there was a separate locked cabinet for controlled drugs, although at the time of the inspection there were no people taking controlled drugs. During the inspection an external pharmacist completed an audit of the services management of medicines and they confirm that no issues regarding the services management of medicines had been noted during the audit.

An "as required" PRN medicines protocol was also contained within peoples care files and we saw that where PRN medicines had been administered, it was on an occasional basis, with manager authorisation and the reasons for doing so were clearly recorded.

Staff who administered medicines told us they had received medicines training; however we were unable to find documented evidence of medicines training having been recently completed. The registered manager told us that staff completed an online medicines training and in addition the pharmacy provides training whilst completing the yearly medicines audit. However, this informal training did not include staff having their medicines competency assessed. Following the inspection, the registered manager provided training certificates for three members of staff who completed medicines training. This training occurred after the inspection.

The registered manager told us that they had recently introduced a competency check for staff administering medicines. However, we saw that for one staff member this had not been completed since January 2015 and on other staff files we were unable to see a medicines competency check documented. The registered manager told us that they would ensure that all staff would have their medicines competency assessed.

The home was clean and tidy on the day we visited. There was a weekly deep clean rota for staff and people were encouraged to keep their bedrooms clean. One person told us, "I just cleaned my room. My cleaning day is on Wednesday. Sometimes my clothes basket is full. On Wednesday I wash my clothes." There were records of recent maintenance checks including gas, fire and electrical safety

Good

Is the service effective?

Our findings

People and their relatives spoke positively about staff and told us they were skilled to meet their needs. One person told us, "It's alright, fine. Staff are helpful." A relative told us, "I think they do a good job." Another relative told us, "[My relative] is happy there."

Staff had the knowledge and skills which enabled them to support people effectively. New staff completed an induction which was included shadowing experienced members of staff and completing training in areas such as food safety, medicines and Control of Substances Hazardous to Health (COSHH). Records showed that staff induction was reviewed and signed off.

Training records showed that staff had completed training in areas which helped them to meet people's needs. One member of staff told us, "We can always learn more. I did about 11 training courses recently; including food hygiene. Training records seen in staff files included; food safety, hand hygiene, risk assessment, fire safety and health and safety.

Staff told us they received regular supervision and training which was evidenced from reviewing staff files. Staff also told us that they had an annual appraisal, which was evident on review of staff files. One member of staff told us, "We have supervisions and one to one's and an appraisal every year." Supervisions were documented on a supervision form in which items for discussion were listed along with the employees and supervisors comments. Agreed actions were also listed which were followed through onto the next supervision session.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do 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 the best interests and legally authorised under the MCA. The application procedure for this in care homes and hospitals is called a Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. We found that one person living at the home had a DoLS authorisation in place which was up to date.

Staff we spoke with understood the principles of the MCA and had a good knowledge how to support people who lacked capacity to make certain decisions and knew how to support people to make decisions in their best interest. One member of staff told us, "We need to make sure the client's liberty is not deprived. They all had an assessment and one person has a DoLS as [the person] is unable to think through decisions about danger."

People were generally positive about the food choices on offer. One person told us, "Yesterday we had spaghetti bolognaise. I like that and I cook with mince." People were supported to choose their meals and people had a weekly meeting to plan their menu for the forthcoming week. One relative told us, "[My

relative] goes shopping any buys whatever [my relative] wants."

Care plans identified people's nutritional needs. One person was identified as having a religious dietary requirement and was offered a suitable diet plan. Another person adhered to a vegetarian diet. Staff were knowledgeable about people's dietary needs and preferences. We saw fresh fruit, vegetables and meat in the fridge.

People had access to health and social care professionals. One person said, "I have just seen the doctor and I went for a blood test." Records confirmed people had access to a GP, dentist and an optician and could attend appointments when required. There were up to date health records of appointments and follow up action required. When people refused to attend an appointment, this was documented and promptly escalated for review by the persons designated healthcare professional which meant that if people were promptly supported if their needs changed.

People had healthcare passports which described the person's medical history, allergies and their treatment preferences in case they were admitted to hospital.

People's bedrooms were personalised and they told us that they could choose how their room was decorated. People could move freely throughout the home and spend time in their bedrooms if they choose to do so. A person told us that they spent time in the garden in good weather and had grown vegetables. The person told us they were proud of their achievement. Another person told us, "I got new cupboards in my room."

Good

Is the service caring?

Our findings

People and relatives told us that staff were caring. One relative told us, "Staff have told me that they would be lost without [my relative]." Another relative told us, "The staff are friendly." A member of staff told us, "I enjoy working with the people."

People were treated with kindness and compassion in their day-to-day care. We observed positive and caring interactions between staff and people who use the service. On the day of the inspection, there were three people in the home. Shortly after we arrived, two people left to attend day activities. Both people were supported by staff in preparation for leaving. One person remained at the home for the duration of the inspection. We observed that care staff were constantly present to ensure that this person was alright and their needs attended to, such as assistance with eating and personal care. Care staff were attentive and talked in a gentle and pleasant manner when communicating with this person, who at times during the day became agitated.

People were supported to be independent and care plans reflected the level of support people required and how further independence could be encouraged. A member of staff told us, "One person came from a different place. [Person] couldn't make a cup of tea or bath themselves. We sat them down and showed them. Our role is to make them as independent as they can be. Now [person] loves cooking and wants to cook every day. That gives us joy to see transformation."

Staff understood what dignity and privacy meant when assisting people and the importance of choice. One member of staff told us, "It depends on their capacity if they need help. They should feel free to do what they want and only call us if they need help. For instance, all we need to do is to prompt them to close their bedroom door when they are getting dressed." We observed a care worker gently remind a person using the service to close their bedroom door when they were changing clothes during the inspection.

Each person had a designated keyworker. A key worker is a named member of staff that was responsible for ensuring people's care needs were met. This included supporting them with activities and would spend time with them. One of the two people we spoke with identified their keyworker when asked. Staff who were keyworkers knew the people they were caring for, including life histories, likes and dislikes. We saw that keyworkers attended care reviews and often arranged and attended health appointments with people.

Care plans were person centred and signed by people who used the service. Care plans were updated regularly. People were actively involved in making decisions about their care and their preferences were supported. Care plans included details about people's likes and dislikes as well as people's interests and their background. Care plans detailed people's communication preferences and guided staff on how to read people's body language. This enabled staff to better understand people. Care plans also emphasised the importance of people's families in their lives and relatives we spoke to confirmed that they could visit people at any time and were always made welcome. People visited their families at weekends and it was evident that family involvement was very important to the people we spoke to.

Staff we spoke to understood what equality and diversity meant and how that affected the care they provided for people who use the service. When asked about supporting people who may identify as lesbian, gay, bi-sexual or transgender (LGBT), one member of staff told us, "Everyone is entitled to choose and that shouldn't change my role in caring for them." People were supported to make and keep relationships. The provider worked with people, care staff and health and social care professionals to ensure peoples wishes were respected and people were supported to safely engage in a relationship should they choose to do so.

Good

Is the service responsive?

Our findings

People were supported to engage in a range of activities which reflected their goals and interests. This included regular shopping visits, eating out, going to parties and discos and attending day centre. Each person had their own activity timetable which adhered to during the inspection.

One person using the service worked in a local garden centre and their care file contained professional qualification certificates related to horticulture and gardening. People also visited their families at weekends. The registered manager told us that at present one person was unable to attend day centre and in the interim they ensured that the person was engaged in regular activities which included going to the person's favourite vegetarian restaurant on most days. One person told us, "I was with my family on Sunday..I have just been out today. We usually go to Marks and Spencer." Feedback from relatives as regards people being offered a range of activities was generally positive, however, one relative told us that although their relative attended activities on a regular basis they would like a more structured exercise schedule for their relative, for example regular swimming. We discussed this feedback with the registered manager who told us that swimming had been offered to the person, however they had declined.

People's support needs were comprehensively assessed before they began using the service to ensure the service could meet their needs. Care plans were person centred, reviewed regularly and updated as changes occurred. People we spoke to confirmed that their care needs were reviewed regularly and they were involved in care planning. One relative told us, "Someone recently called to arrange the next care review." Care plans contained section related to people's sexuality, food and nutrition, activities, finances, daily routine. Risk identified in people's care plans were then carried forward into a risk assessment. For example, when one person was being supported to access the community, a clear plan was in place to ensure the person was supported safely. The care plan identified that prior to leaving the home, the destination and purpose of the trip was discussed with the person. The person's spending money was also discussed and agreed and an action plan was discussed with the person if their behaviour deteriorated whilst out in the community. This meant that the person was involved in the planning of the trip and their views were obtained prior to the trip.

We saw detailed daily records which detailed people's activities, healthcare appointments attended and mood on that day. People attended regular meetings where they were asked for their feedback on the service, menu choices were discussed and ideas for activities and holidays were discussed.

There was a complaints policy and people and relatives were provided with the complaints procedure on admission to the home. People and relatives told us they had no complaints and confirmed they had the appropriate contact details should they have any complaints. One person told us, "I have no complaints and I can talk to someone." A relative told us, "I have the contact detailed and the carer's home phone number." The last complaint was logged in November 2015. Complaints were recorded in a complaints log which identified the nature of the complaint, the details of the complaint, the action taken and the overall outcome which was signed off by the registered manager.

When asked if they had been asked to provide feedback on the service, relatives told us they had not been asked to provide feedback or a satisfaction survey. This was discussed with the registered manager who told us that satisfaction surveys were sent to relatives in August 2016 and this would be discussed with relatives during the next care review.

Good

Is the service well-led?

Our findings

The service had an open culture which encouraged good practice. The registered manager worked alongside care staff to provide support to people who used the service. The registered manager also attended healthcare appointments with people on a regular basis. On the day of the inspection the registered manager assisted with people's morning routine and dropped two people to their respective activities. We saw people using the service approach the manager and other staff without hesitation.

People, relatives and staff spoke positively about the registered manager. One relative told us, "The manager is approachable." Comments from staff included, "We have a very good manager. They listen to whatever problem we have"; "I have been working here for eight years so that speaks for itself. We have supportive management and I like working here." The registered manager told us that they had a good relationship with the community healthcare team.

There were records of regular staff meetings that allowed staff to discuss issues. Minutes of the last meeting showed that rota changes, the purchase of new cooking utensils and training and appraisals were discussed. One member of staff told us, "Yes we have staff meetings. Sometimes they are tense but that's healthy."

Daily health and safety checks were completed which included monitoring fridge and freezer temperatures, testing smoke alarms, testing water temperatures and people's finances. A detailed annual health and safety audit that had been carried In May 2016 out by an independent provider and where an issue had been identified, we saw that action plans and timeframes were in place to address what had been found and on the day of the inspection the registered manager confirmed that all actions had been completed. The local authority also recently completed an audit of the home prior to inspection and recommendations made were also actioned such as developing a supervision and training matrix and amending MAR charts.

The registered manager told us that medicines management was checked on a weekly basis to ensure the safe administration and recording of medicines. However, these checks were not always documented. The registered manager told us that moving forward, medicines checks would always be documented in the daily handover book in addition to the other regular health and safety checks which were checked on a daily basis.

People's care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential.