Innovations Wiltshire Limited

37 Wilcot Road

Inspection report

37 Wilcot Road
Pewsey
Wiltshire
SN9 5EJ

Date of inspection visit:
09 October 2018
11 October 2018

Date of publication:
15 November 2018

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection was announced and took place on 9 and 11 October 2018. 37 Wilcot Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. This was the service's first inspection since registration.

37 Wilcot Road is a small residential home for one person with a learning disability. At the time of our inspection one person was living at the service. The home was a semi-detached property with a small garden located in Pewsey.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a registered manager in post. 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 not always managed safely. Temperatures had not been taken in rooms where medicines were stored. This did not ensure that medicines were being stored at the correct temperature. Hand-written entries on medicines administration records had not been signed by staff to confirm accuracy. Not all the medicines stored at the service had been signed in to check they were as prescribed.

Recruitment was not always safe. Whilst most pre-employment checks had been completed, a full employment history had not always been obtained. Where employment references might indicate negativity, the decision-making process about accepting them was not available.

Activities were provided but lacked variety. There was no formal activity plan in place to support staff to know what to do day to day.

Quality monitoring was not robust. Whilst there was a monthly managers audit tool which was being used, this had not produced any action plans to address identified shortfalls. Audits completed did not identify the issues which we have found. Feedback had not been sought to evaluate the service and make improvements.

People were protected from abuse as staff understood how to recognise the indicators of concern and how to report their concerns. Risks had been identified and there were safety measures in place. The service was very clean and there were systems in place to minimise the risk of infections and the spread of infection.

Needs had been assessed and the provider had worked in partnership with professionals to support the person to move to their new home. Staff had been visiting the person in their previous environment to get to know them. Health needs were supported by timely access to healthcare professionals.

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. Staff had been trained and understood the general requirements of the Mental Capacity Act (2005).

There were sufficient numbers of staff deployed. Staff were kind and caring and had developed good relationships with the person. Communication was supported by staff who adapted their approach where needed. Staff had been trained and had access to formal supervision.

We have made a recommendation about recording formal supervision for staff.

The person's care plan was detailed and person-centred. It covered a range of needs with guidance for staff to be able to offer personalised support. There was sufficient food and drink available. Staff provided good support to the person at mealtimes.

There was a complaints procedure in place which was also available in different formats.

Staff felt supported by the provider and management and enjoyed working at the service. There were opportunities for the staff to develop.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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.

Medicines were not always managed safely.

Recruitment was not always safe. Not all pre-employment checks had been completed.

Risks had been identified and measures put in place to ensure the person's safety.

There were sufficient numbers of staff deployed. Staff understood how to protect people from abuse and how to report any concerns.

The home was clean and well maintained.

Is the service effective?

Good

The service was effective.

Needs were assessed and recorded. Where needed access to healthcare professionals was timely.

There was sufficient food and drink available.

Staff were trained and supported.

The service worked within the principles of the Mental Capacity Act (2005).

Is the service caring?

Good

The service was caring.

Staff treated the person with respect and kindness. Privacy and dignity was promoted.

Relationships between the person and the staff had been built and maintained.

Staff used different methods to communicate with the person.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Activities were not always varied and there was no structure in place for staff to follow.

The care plan was detailed and person-centred.

There was a complaints procedure in place which was also available in an easy read and pictorial format.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Quality monitoring systems were not robust. An action plan for improvement had not been produced.

The provider had not sought feedback from the person or their relatives to evaluate the service and make improvements.

Staff morale was good, they enjoyed working at the service and for the provider.

The service worked in partnership with various agencies.

37 Wilcot Road

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 9 and 11 October 2018 and was announced. We gave the service 24 hours' notice of the inspection visit. We gave this notice because, due to the size of the service, we wanted to be sure the registered manager would be available. We also wanted to cause minimal disruption to the person living at the home. The inspection was carried out by one inspector.

We looked at the information that we hold about the service prior to our inspection. The provider did not meet the minimum requirement of completing the Provider Information Return at least once annually. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we made the judgements in this report.

During the inspection we spent time at the service observing staff interacting with the person living there. We spoke to the registered manager, development director, two members of staff and contacted 2 healthcare professionals. Following our site visit we spoke with one relative.

We looked at the person's care and support plan, activity records, risk assessments, medicines administration records, three staff recruitment files, quality assurance audits and other records relating to the management of the service.

Requires Improvement

Is the service safe?

Our findings

Medicines were not always safe. Medicines were stored in a locked cupboard and staff had secure arrangements for storage of the keys to the cupboard. Staff were not checking or recording the temperature of the room where medicines were stored. This meant they could not be sure what temperature the medicines were being stored at. We were not able to check what temperature the room was as there was no thermometer available. Some medicines are not as effective if stored over 25 degrees Celsius.

Staff had hand-written on the person's medicines administration record (MAR) what medicines were to be administered. Hand-written entries on a MAR should be signed by two members of staff to reduce the risks of transcribing errors. Staff had not signed these entries. The National Institute for Health and Care Excellence (NICE) guidelines for managing medicines in care homes states that MAR's should be 'checked for accuracy and signed by a second trained and skilled member of staff'. The entries did not contain all the information required to administer medicines safely. For example, the person was prescribed pain relief but the MAR did not record the dose for staff to give. There was an 'as required' (PRN) protocol in place which guided staff on how and when to administer the medicine. However, the MAR should be an accurate record of the medicines prescribed and given.

The service did not have an accurate record of all medicines in stock. 'As required' (PRN) medicines were checked by staff daily, recording the amount of medicines in stock. We checked the paracetamol stock against the records and found there were two tablets missing. We also checked the amount of stock held in the person's medicines cabinet and found discrepancies. The service had received a new supply of medicines for when the current stock ran out. Those medicines had not been recorded as received. The house manager told us they would be recorded on the person's new MAR. All medicines held in stock should be accounted for in the records. This provides the service with an accurate audit trail of medicines.

We observed staff administering medicines and saw they did not administer medicines as per the guidance in the person's care plan. The care plan stated that staff were required to crush the person's medicines to be administered covertly in food. This had been agreed by the person's GP and checked with a pharmacist. The member of staff did not follow that instruction. We discussed this with the registered manager who told us the person did not always require their medicines to be crushed. They told us they would review the care plan and administering procedure to make sure staff followed the up to date and correct guidance.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 - Safe Care and Treatment.

Recruitment checks required improvement. As part of the provider's pre-employment checks for staff, they asked previous employers for a reference. For one member of staff we saw information that required further exploration. There was no evidence that this had been completed. We discussed this with the registered manager who told us they had telephoned the employer supplying the reference to discuss the applicant's previous employment. They had satisfied themselves that this applicant was suitable for employment, however they had not documented this action. For another member of staff there was not a full employment

history. There were gaps in their employment history which had not been explored to determine the reasons. We discussed this with the registered manager who told us they would address these issues.

The provider had completed a Disclosure and Barring Service (DBS) check. The DBS carry out a criminal record and barring check on people who have made an application to work with adults. This helps employers to make safer recruiting decisions and helps prevent unsuitable staff from working with people.

There were suitable numbers of staff deployed to support the person. We saw staffing levels were consistent. There was a lone working policy in place to support staff who worked on their own. Staff told us they had access to an on-call manager at any time if they needed help or support.

Relatives and staff we spoke with told us they thought the service was safe. Comments included, "Yes the service is safe, the staff take good care of [person]" and "I really like it that the duty managers phone us every day to make sure we are all alright."

The provider had systems in place to safeguard people from the risk of abuse and support them to stay safe. Staff we spoke with were aware of the different types of abuse and signs to indicate concern. Staff knew how to report any concerns and were confident the appropriate action would be taken by senior managers. Records demonstrated that staff had received safeguarding training. Staff told us they discussed safeguarding during their supervision meetings.

The home was clean and there were no odours present. Staff had access to personal protective equipment and used it appropriately. Staff had been trained in basic food hygiene and carried out safety tasks such as monitoring fridge and freezer temperatures. These were recorded and we saw they were all in a safe range.

Risks had been identified and there were risk management plans in place for a range of areas such as travelling in vehicles, accessing the community and choking. Where risks had been identified there were safety measures recorded for staff to follow. We saw staff followed these. There were detailed and clear behaviour support plans and risk assessments in place for any behaviour that could cause concern. Staff had clear strategies to follow and systems in place to seek support if needed. Incident reports had been completed by staff following incidents or accidents. Immediate action had been taken to reduce risks. For example, one incident that happened during the night led to a change in support provided by staff. There had been no further incidents at night.

Fire systems were tested regularly and recorded by staff. There was a personal emergency evacuation plan in place. This gave staff guidance on how to evacuate the person in the event of an emergency. Maintenance was completed by external contractors and records kept.

Good

Is the service effective?

Our findings

Prior to the person moving into the service, the provider had spent six months assessing the person in their previous environment. One healthcare professional told us the transition work completed by the provider was "excellent". They visited the person twice a week over this period and used this time to assess the person's needs and observe them. This time also gave the staff the opportunity to get to know the person which helped the person when they moved in. The registered manager told us it had proved beneficial for the person to be able to see familiar faces. The service had informed the local GP surgery of the person's needs prior to them moving into their new home. This was so that the person's GP would have an overview of their health needs. The relative we spoke with appreciated the work that had been done to help the person move. They told us, "[Person] has settled in really well, I am so proud of him."

There was a health action plan in place which had been produced by a local healthcare professional. The plan recorded actions needed to maintain good health and was reviewed annually. There was a hospital passport which was for staff to give the emergency services if needed. The hospital passport gave emergency services key information about the person for example, how to communicate with them.

The service worked closely with a number of healthcare professionals. Records were kept of their visits and demonstrated that the person was able to access services if needed. We saw the person had seen professionals such as nurses, speech and language therapists and professionals from the local community team for people with learning disabilities.

The person living at the service chose what they wanted to eat with support from staff. They were involved in meal planning as much as possible and often did their own shopping with support. We observed a meal time and saw the person enjoyed their meal. They could have more food if they wished and were offered a drink. Staff kept records of meals eaten so they could monitor the person's choices.

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. We found the service was working within the principles of the MCA. Mental capacity assessments had been completed and best interest meetings held prior to any restrictions being put in place. Staff we spoke with knew how the MCA applied to their work day to day.

People can only be deprived of their liberty so that they receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). The service had applied to the local authority for DoLS authorisation which had been authorised. We checked whether the service was meeting any conditions on the authorisation and found that it was in part. We discussed this with the registered manager who informed us they would make the necessary adjustment to meet the condition in full.

Staff received training in a variety of topics and told us they had sufficient training for their role. Records demonstrated that staff had received training on topics such as first aid, autism, fire safety and moving and handling. The service also made sure staff received training on positive behaviour support, which was provided by behaviour specialists. One member of staff told us, "I had never worked in care before, I have found all of the training to be good, very good."

Staff had formal and informal supervision with their supervisor. This gave staff the opportunity to talk about any concerns they had, any development areas and training needed. There were also team meetings. All new employees had to complete an induction at the start of their employment. This included training, shadowing a more experienced member of staff and reading policies, procedures and care plans. Staff told us if they needed more training they only had to ask. One member of staff told us, "I get a lot of support, I feel I have been taken under a wing, I can call anyone if I am struggling." Whilst staff told us they felt supported, the provider had not documented all of the formal supervision meetings. This meant that records did not demonstrate staff were given the opportunity for a formal supervision meeting. We recommend the service seeks advice and guidance on how to record all opportunities for formal staff supervision.

The premises were a recently developed small cottage. It was bright with ample natural daylight. There was space for the person to move about and enjoy a level of privacy within their own room. There was a small garden which the provider planned to develop to provide areas which could be used for activities.

Good

Is the service caring?

Our findings

Care and support was provided by a small group of core workers. This meant the person living at 37 Wilcot Road was provided with a continuity of care. Staff we spoke with enjoyed working at the service and in particular enjoyed working with the person. Comments included, "I love working with [person], he is lovely to be around" and "I really enjoy coming to work and seeing [person]'s face, making sure he is happy." A healthcare professional told us that staff at the service were providing, "caring and consistent support".

The person was supported to maintain family relationships with regular visits and trips out together in the local community. There were no restrictions on visiting. The relative we spoke with told us that they visited most days.

There were support plans in place which had been written to support and promote dignity and privacy. Staff gave us examples of how they promoted dignity and privacy. They told us they respected the person's need for time alone in their own room, they supported personal care when the person consented and at the person's own pace. The person's plan also had a brief life history for the person with some key dates and life events. This gave the staff key information so they knew the person's personal history and background.

We spent a short amount of time with the person, they looked relaxed and happy. We observed them communicating with staff and saw their non-verbal signs of being happy. They were smiling and interacting with staff easily. There were signs of mutual respect between the person and staff. We observed that staff treated the person with kindness. They checked regularly that they [person] was feeling ok and checked if they needed anything. When the person reached out for [staff]'s hands, the gesture was responded to. Staff had the time to sit with the person and listen to them.

Independence was promoted. One member of staff told us, "People are looked after but are supported to grow as an individual." They told us they encouraged the person to do as much as they could for themselves. We saw that staff encouraged the person to do small domestic activity at the home, but the person did not want to. This wish was respected.

Staff communicated with the person effectively. They used a mixture of gestures, simple words and positive facial expression. When offering choice, they showed the person the options so they could make choices with visual support. Staff knew the person they were supporting so were able to understand their words and their meanings. The relative we spoke with told us, "They [staff] involve [person] and interact well with him. They are always considerate."

The environment had been personalised. Pictures the person had drawn themselves had been used to decorate an area of the lounge. The person had their own belongings throughout the home.

If the person needed an advocate, the service had an advocacy policy with details available of a local advocacy service. This was not needed at this current time.

Requires Improvement

Is the service responsive?

Our findings

The person living at 37 Wilcot Road was supported to engage in some activities that were based on what they enjoyed doing. Relatives regularly visited and supported the person to access the community, go for walks and out for pub meals. The relative we spoke with told us, "[Person] loves going for walks, it brings [them] to life." The registered manager told us that the person was invited to community events and not excluded.

Activity records demonstrated that activity provision was limited to a small range. There was no activity plan for the person to give the staff guidance on what the person could do. The care plan told staff to 'choose from a range of activities', however there was no further detail. We saw that watching television was the most consistent activity completed. We discussed this with the registered manager who told us that staff had supported the person to engage and participate in what they [person] wanted to do. This approach had supported the person to move into their environment and settle to life in Pewsey. The registered manager told us they did recognise that a more varied activity programme could now be introduced. They told us that a new sports centre was opening not far from the home which would provide the opportunity to go swimming.

Staff had explored supporting the person to attend the provider's day service. This was still under consideration due to the noise levels. The person did not appreciate loud noises. The relative we spoke with told us they would like to see the person engage in more varied activities.

There was a comprehensive care and support plan in place which gave staff guidance on how to meet the person's needs. It was updated regularly and if there were any changes. Needs were assessed and there were plans in place for support such as meeting nutritional needs, personal care and support with medicines. There was detailed guidance for staff to support health needs. The person was prone to developing infections, the service had developed good guidelines for staff to know when to call the GP. There was very little information recorded in the care plan about the person's cultural or spiritual needs. We discussed this with the registered manager. They told us staff tended to focus on religious needs and not widen their assessment. They told us they would raise this with staff following our inspection.

Staff used a daily handover sheet with key information recorded to share with each other. It recorded what activities had happened, who had visited and what the person was wearing. This was done in case the person went missing. The service would then have the right description of clothing to share with others. In addition to a daily handover sheet the staff recorded daily notes. These were completed in good detail with reference to how the person was feeling, how they had spent their day and with whom.

The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The service met this standard. Staff used a picture exchange communication system (PECS) to communicate with the person. This is a system designed for people with autism to communicate using a series of pictures. The staff kept a folder with different pictures in which could be used

to communicate key information. A member of staff told us they used it with good effect. All information for the person was in easy read format using pictures where appropriate. The person's care plan had detailed communication protocols for staff to follow.

The service had a complaints procedure in place but had received no formal complaints. The procedure was available in pictorial 'easy read' format. The relative we spoke with told us they would be happy to complain if they needed to and would know how to do so.

The service was not providing end of life care and it was not appropriate to discuss this with the person at this time. The registered manager told us they would be able to respond and provide end of life care should this need arise.

Requires Improvement

Is the service well-led?

Our findings

Quality monitoring systems were not robust. House managers completed a monthly managers audit tool which was checked and signed by the registered manager. The audit tool checked systems and processes at the home. This included checking written records, any complaints, accidents and medicines errors. It also checked that meetings had been held and when. In the September 2018 monthly managers audit we saw that the house manager had identified that a 'house meeting' had not been held since March 2018. There was no action recorded to demonstrate how the service was going to improve on this.

Whilst incident forms had been completed, the monthly managers audit had not recorded two incidents in May and June 2018. The audit tool was used to monitor frequencies of incidents and record action taken. Recording incidents on the audit tool made sure the provider had an oversight of all incidents and actions taken. We were concerned the registered manager would not be able to analyse all the incidents to review if there were any learning actions to prevent reoccurrence. Management also completed an environment audit on a monthly basis. We saw that this audit had identified that an area of the home needed painting and some remedial work was required to the kitchen water supply. Whilst these areas had been identified as requiring work, there was no actions recorded. This meant there was no robust evidence the action required had been completed and by when. We discussed this with the registered manager who told us they would take action to review the provider's audits.

A medicines audit had taken place in September 2018 but had not identified all the concerns we found around medicines management. We spoke to the registered manager about this who told us when the audit was completed, the staff did not check the medicines cabinet. This was because the person was in their room and they did not want to disturb them. The member of staff did not return to complete the audit in full. Following our inspection, the provider has reviewed and updated their medicines policy.

The service had not sought feedback from the person or their relatives to evaluate the service provided and make improvements. We discussed this with the registered manager who told us they had attended reviews of care and support with relatives where feedback was given. This had not been captured as a method of evaluating and making any improvement. The person was not able to verbally give their view. The registered manager told us they are looking at an observational tool which can be used to observe a person's interaction and engagement. The results of this can be used to improve services.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Good Governance.

There was a registered manager in post. 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.

The provider encouraged and supported staff to develop their skills and knowledge. There were equal

opportunities for staff to access training, support and apply for different job roles. The registered manager told us they enjoyed supporting staff to develop as it encouraged retention and supported good morale amongst staff. Staff told us they enjoyed working for the provider. Comments included, "I love it here" and "I enjoy it here, this is my first job in care and it is the best decision I have ever made."

Staff could tell us how they worked to the provider's values, one of which was to provide person-centred care. One member of staff told us, "Everyone is treated equally and people are provided with person-centred care. [Person]'s care here at 37 Wilcot Road is unique to them."

The provider worked in partnership with a number of agencies. There were good links with the local community team for people with learning disabilities, visiting psychiatrists and consultants. The service had received compliments from professionals about the work they had done to help the person settle into 37 Wilcot Road. One professional had written to say they were really pleased with the care the person was receiving. Another had written to thank the provider for supporting the person to be able to move back to Wiltshire. A healthcare professional told us they believed that Innovations Wiltshire Limited were, "fully committed, passionate and professional".

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not ensure the safe management of medicines.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Quality monitoring systems in place were not always effective. The provider had not sought feedback to evaluate the service to make improvements.