Individual Care Services

Individual Care Services - 60 Ward Grove

Inspection report

60 Ward Grove
Myton
Warwick
Warwickshire
CV34 6QL

Tel: 01926410713
Website: www.individual-care.org.uk

Date of inspection visit:
01 June 2016

Date of publication:
23 June 2016

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

We inspected Ward Grove 1 June 2016 and the inspection visit was unannounced.

The service was last inspected in December 2013 when we found the provider was compliant with the essential standards described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Ward Grove provides accommodation for people in a residential setting and is registered to provide care for up to 3 people with learning disabilities. There were 3 people living at the home when we inspected the service.

A requirement of the provider's registration is that they have 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 and associated Regulations about how the service is run. There was an experienced registered manager in post at the time of our inspection visit who had been at the service for several years. We refer to the registered manager as the manager in the body of this report.

People felt safe using the service and there were processes to minimise risks to people's safety. These included procedures to manage identified risks with people's care. Care staff understood how to protect people from abuse and keep people safe. The character and suitability of care staff was checked during recruitment procedures to make sure, as far as possible, they were safe to work with people who used the service.

There were enough care staff to deliver the care and support people required. Staff were caring and respected people's choices about how they wanted to receive their care.

Care staff received an induction when they started working for the service and completed regular training to support them in meeting people's needs effectively. People told us care staff had the right skills to provide the care and support they required. Support plans and risk assessments contained relevant information for staff to help them provide the care people needed in a way they preferred.

People received medicines safely by trained and competent staff. Where people's needs changed they were cared for effectively, and people had access to health care professionals when required.

Staff were supported by managers through regular meetings. There was an out of hours' on call system in operation which ensured management support and advice was always available for staff. The managers understood the principles of the Mental Capacity Act (MCA), and care staff respected people's decisions and gained people's consent before they provided personal care.

Staff, people and their relatives felt the manager was approachable. Communication was encouraged and

identified concerns were acted upon by the manager and provider. People knew how to complain and information about making a complaint was available for people. Care staff said they could raise any concerns or issues with the managers, knowing they would be listened to and acted on.

There were systems to monitor and review the quality of service people received and to understand the experiences of people who used the service. This was through regular communication with people and staff, returned surveys and a programme of other checks and audits. Where issues had been identified, the provider acted to make improvements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People felt safe living at Ward Grove. Staff had been recruited safely and there were enough staff available to meet people's needs. Staff identified risks to people and took appropriate action to manage risks and keep people safe. People were protected from the risk of harm as staff knew what to do if they suspected abuse. Medicines were administered safely by staff who were trained and assessed as competent to do so.

Is the service effective?

Good

The service was effective.

Staff were well trained and knowledgeable about the support and assistance people required to meet their needs. Staff interpreted people's gestures, expressions and actions to support them in making choices. Where people could not make decisions for themselves, important decisions were made in their 'best interests' in consultation with representatives and health professionals. Staff responded to changes in people's health and supported people to see external healthcare professionals.

Is the service caring?

Good

The service was caring.

Staff had a caring approach and took time to sit and listen to what people were saying. Staff consistently referred to people in a caring, positive and respectful way. Staff understood people's individual ways of communicating and had developed a good knowledge of each person's needs. People's privacy and dignity were respected and they were supported to maintain relationships that were important to them.

Is the service responsive?

Good

The service was responsive.

Care plans provided staff with the information they needed to respond to people's physical and emotional needs. People and

their relatives were involved in the development of care plans which were regularly reviewed. People were encouraged to take part in activities and follow their interests. People were able to make complaints about the quality of the service and feedback to the manager on how the service could be improved.

Is the service well-led?

Good

The service was well led.

The home was led by a management team that was approachable and accessible. There was a culture within the home of placing people and their needs at the heart of the service. The manager and provider sought regular feedback about how the home could be improved. Quality assurance procedures were in place to ensure lessons learnt drove forward improvements.

Individual Care Services - 60 Ward Grove

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection visit took place on 1 June 2016 and was unannounced. This inspection was conducted by one inspector.

We reviewed the information we held about the service. We looked at information received from statutory notifications the provider had sent to us and information from the commissioners of the service. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are representatives from the local authority who find appropriate care and support services which are paid for by the local authority.

People who lived at the home could not tell us in detail about their care and support due to their complex healthcare needs. We spent time in the communal areas observing how people were cared for and supported and how staff interacted with people. This helped us understand the care people received and assess whether people's needs were being appropriately met.

We spoke with all three people who lived at the home and one person's relative. We also spoke with two care staff, the new manager at the home and the registered manager.

We looked at a range of records about people's care including two care plans. We also looked at other records relating to people's care such as medicine records. This was to assess whether the care people needed was being provided.

We reviewed records of the checks the manager and the provider made to assure themselves people received a quality service. We also looked at personnel files for two members of staff to check that safe recruitment procedures were in operation, and that staff received appropriate support to continue their professional development.

Good

Is the service safe?

Our findings

There was a relaxed and cheerful atmosphere in the home and the relationship between people and the staff who cared for them was friendly. People did not hesitate to request assistance from staff when they wanted support. This indicated they felt safe around staff members. People indicated to us with smiles and hand gestures they felt safe at the home. One relative said, "[Name] is very happy here."

People were supported by staff who understood their needs and knew how to protect them from the risk of abuse. Staff attended safeguarding training regularly which included information about how they could raise issues with the provider and other agencies if they were concerned about the risk of abuse. Staff told us the training assisted them in identifying different types of abuse and they would not hesitate to inform the manager if they had any concerns about someone's safety. One member of staff said, "The manager would take any concerns seriously and investigate them." The manager understood their responsibilities to notify us when they made referrals to the local authority safeguarding team where an investigation was required.

The provider's recruitment process ensured risks to people's safety were minimised because checks were made to ensure staff who worked at the home were of a suitable character. Staff told us and records confirmed, Disclosure and Barring Service (DBS) checks and references were in place before they started work. The DBS helps employers to make safe recruitment decisions by providing information about a person's criminal record and whether they are barred from working with people who use services.

The manager had identified potential risks relating to each person who used the home, and care plans had been written to instruct staff how to manage and reduce the risks. The risk assessments we looked at were detailed, up to date and were reviewed regularly. Risk assessments gave care staff clear instructions on how to minimise risks to people's health and wellbeing. For example, one person needed assistance with eating to ensure they did not choke on their food. The care plans informed staff how the person should be assisted to eat and included the texture of the food staff needed to prepare, as well as providing them with information on how the person should be positioned. Staff confirmed they referred to the information in risk assessments and care records to manage risks to people. We observed staff used the recommended guidance when supporting the person.

The provider had taken measures to minimise the impact of unexpected events happening at the home. This was to ensure people were kept safe and received continuity of care. For example, emergencies such as fire and flood were planned for so any disruption to people's care and support was reduced. People who lived at the home had an up to date personal emergency evacuation plan (PEEP) to instruct staff and the fire service about how they should be supported when evacuating the building.

People and their relatives indicated to us there were enough staff to meet people's needs safely. One relative said, "Yes, I think there are enough staff. There are usually two to three members of staff as well as the manager here." Staff agreed that generally there were enough staff to meet people's needs, with one member of staff saying, "The rotas are always covered. Although we might be short of permanent staff, staff are brought in from other services to help out." We observed there were enough staff during the day of our

inspection visit to care for people effectively and safely. Staff responded to people's requests for assistance in a timely way. We saw that in addition to the care staff on shift, the manager and a newly trained manager were available on the day of our inspection visit to cover care duties at the home when needed.

The manager told us staffing levels were determined by the number of people at the home, their needs and their dependency level. People had lived at the home for a number of years and each person had a completed assessment in their care records which determined how much care and support they required. The provider and manager used this information and their knowledge of the people who lived at Ward Grove, to determine the numbers of staff that were needed to care for people safely on each shift. The manager told us staffing levels were currently under review at the home. There was a proposal with the provider to increase staffing levels at night to two members of staff, where there was currently one member of staff on shift. This was because one person's health needs had recently changed and required specialist medicine, which was due to be introduced. The manager stated two members of staff would be required to administer the medicine safely.

We asked the manager whether there were any staff vacancies at the home. They stated there were vacancies for three members of care staff, which were currently being recruited to. The manager told us they did not use temporary staff at the home, but covered the shifts with staff from other services within the provider's group, who were familiar with the people at Ward Grove. This meant people were cared for by a team of staff who knew them well.

People's medicines were managed safely and only administered by staff who were trained and continually assessed as competent to do so. Medicines were stored securely. Regularly prescribed medicines were delivered by the pharmacy in named, sealed pots, colour coded for the time of day they should be administered with an accompanying medicines administration record (MAR) and a picture and description of each medicine in the pot. Each person's MAR included their photograph, the name of each medicine and the frequency and time of day it should be taken, which minimised the risks of errors.

Some people required medicines to be administered on an "as required" basis, such as pain relief medicine. There were detailed protocols for the administration of these types of medicines to make sure they were given safely and consistently. For example, information was provided to staff in people's communication plans about each person's needs and how staff should assess people's pain levels, if they were unable to communicate verbally. We observed staff following these protocols and asked people if they needed their medicines before it was administered.

However, temperature monitoring of medicines was not in place to ensure medicines were stored in line with best practice and manufacturers' guidelines. This was required as some medicines needed to be stored below 25 degrees centigrade to ensure they remained effective. Following our inspection visit the manager implemented a temperature monitoring system to address this issue.

When we checked the MAR records for two people at the home we found records did not always confirm people had received their regular medicines as prescribed. For example, creams that were applied to people's skin were not always recorded by staff. Following our inspection visit the manager implemented a system to record when all creams were administered by staff.

Daily and monthly medicine checks were in place to ensure medicines were managed safely and people received them as prescribed. For example, regular stock checks of medicines were undertaken. MARs were audited by the manager to identify any areas that required improvement. Where staff had made an error in recording whether a person received their medicine, the manager followed the provider's procedures and

held a meeting with the member of staff. Staff were re-trained or refreshed their skills where necessary.

Good

Is the service effective?

Our findings

People and their relatives indicated to us staff had the skills they needed to support them effectively and safely. Staff told us they received an induction when they started work which included working alongside an experienced member of staff, and completed training courses tailored to meet the needs of people who lived at the home. One member of staff said, "The induction process was good, it included one full week induction here at the home as well as a week at our head office for training. The induction was specialised to people here, for example, the epilepsy training helped me identify different types of seizures and how these might be triggered." The induction training was based on the 'Skills for Care' standards and provided staff with a recognised 'Care Certificate' at the end of the induction period. Skills for Care are an organisation that sets standards for the training of care workers in the UK. This demonstrated the provider was following the latest guidance on the standard of induction care staff should receive.

Staff told us the manager planned frequent updates to their training to ensure they were kept up to date with the latest guidance on how people should be cared for effectively. The manager told us they maintained a record of staff training and their performance, so they could identify when staff needed to refresh their skills. The manager told us the provider also invested in staff's personal development, as they were supported to achieve nationally recognised qualifications. This was confirmed in staff records we reviewed. One staff member told us, "They are a good employer; they keep your training up to date."

Staff told us they had regular meetings with their manager where they were able to discuss their performance and identify training required to improve their practice. They also participated in yearly appraisal meetings where they agreed their objectives for the following 12 months and their personal development plans were discussed. Staff told us they found the meetings helpful with one staff member explaining, "In the meetings you can discuss how you feel; if you need any support or training, if you have any concerns."

We observed staff used their skills effectively to assist people at the home. For example, some people were unable to communicate with staff verbally. Staff used special communication techniques such as sign language and monitoring people's facial expressions to determine people's wishes. Staff also used their knowledge of people to communicate with them in a way they could understand. They did this by using clear language; staff bent down to speak with people at eye level and watched people's expressions to ensure they had understood.

We checked whether the provider was working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. 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 and

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

We checked whether the manager was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The manager explained the principles of MCA and DoLS, which showed they had a good understanding of the legislation. The manager had undertaken mental capacity assessments to determine which decisions each person could make themselves and which decisions should be made in their best interests. However, where people could consent to some aspects of their care and support, people had not signed to provide their consent. Family members had been involved in these decisions and recorded their consent. We brought this to the attention of the manager during our inspection visit, who agreed to review the paperwork and obtain consent from people who used the service rather than their family members.

Decisions that were made in people's best interests were recorded, for example, where people did not have the capacity to manage their finances. In addition, the manager reviewed each person's care needs to assess whether people were being deprived of their liberties. No-one had a DoLS in place at the time of our inspection visit. The manager had applied to the supervisory body, for the authority to deprive 3 people of their liberty, because their care plans included restrictions to their liberty, rights and choices. The manager was awaiting the supervisory body's decisions for all 3 at the time of our inspection.

Care staff told us they had received training in the MCA and DoLS and explained the principles associated with the Act. We saw care staff followed the code of conduct of the Act by asking people whether they wanted assistance before supporting them. For those people who were unable to communicate verbally, staff maintained eye contact and watched the person's facial expression and body language, to understand whether they consented to support. One staff member said, "We always ask people what they want."

We observed people eating breakfast and the lunchtime meal at the home during our visit. People were offered a choice of food according to their own personal preference. Each person chose something they enjoyed. One staff member said, "People chose what they want, we will prepare three different meals as it's their choice." People could eat in the dining area, the lounge or their bedroom as there was enough staff for people to have individual support and assistance with eating their meal. Where people needed assistance to eat their meal, staff assisted people at their own pace and waited for people to finish before offering them more food.

Staff knew the dietary needs of people who lived at the home and ensured they were given meals which met those needs. For example, some people received a soft food diet where it had been recommended by health professionals. Information about people's dietary needs was kept up to date in people's care records and included people's likes and dislikes. We observed staff followed the guidance in people's care records.

The provider worked in partnership with other health and social care professionals to support people's needs. One relative commented, "We work together regarding [Name's] healthcare needs." Care records included a section to record when people had seen or attended visits with healthcare professionals. Any advice given was recorded for staff to follow. Records confirmed people had seen health professionals when a need had been identified; these included their GP, consultants, speech and language therapists and chiropodists.

Good

Is the service caring?

Our findings

When we asked people if they enjoyed living at Ward Grove they responded with smiles and indicated they did. We observed the interaction between staff and the people for whom they provided care and support. We saw staff treated people in a kind and respectful way and knew the people they cared for well. People laughed and smiled with staff.

Staff told us they enjoyed working at the home. One member of staff commented, "The people here are fantastic." We saw staff showed their enjoyment by being cheerful and interacting with people in a positive way.

People were treated with respect and dignity. We observed staff referred to people by their preferred name and staff asked people's opinion and explained what they were doing when assisting them. For example, where people were offered support from staff to put on an apron at a mealtime, staff explained to the person what they intended to do and asked for their agreement before proceeding.

People's privacy was respected. Staff spoke to people discretely about their personal care needs. The manager explained a new shower had recently been introduced at the home to protect people's privacy. The new shower was positioned so that people faced the wall of the shower cubicle rather than the door of the bathroom. This meant, if staff needed to enter the bathroom, people's privacy was maintained as far as possible. We saw people's personal details and records were held securely at the home. Records were filed so only authorised staff were able to access personal and sensitive information.

People made everyday choices about how they spent their time. We observed people spending time in the lounge area watching television, after asking staff to put on their favourite show. Other people spent time in the conservatory area or chatting with staff. One staff member said, "People can spend time alone, and do things separately, we always provide options to people."

People could choose who visited them at the home which helped them maintain links with family and friends. There were a number of spaces around the home where people could meet with friends and relatives in private if they wished to. One relative confirmed this saying, "I visit around two or three times a week. We can sit in the conservatory or go for a walk if we wish."

We observed all three bedrooms at the home which were arranged differently depending on each person's wishes. There were photographs of family and friends, pictures on the walls, ornaments and furniture personal to them. Each room was decorated according to the person's choice of décor to help them feel at home.

Good

Is the service responsive?

Our findings

Staff had a friendly approach to people and were responsive to their needs. We saw staff responded to people's gestures and indications that they required support in a timely way.

People and their relatives were involved in making decisions about their care and how support was delivered. One relative said, "I am involved in care planning, we work together." As part of the care planning process people's care needs were assessed and information was collected about what the person was able to do themselves and where they required support. This helped staff tailor support plans around the abilities of each individual.

Care records gave staff information about how people wanted their care and support to be delivered. For example, records contained details about people's life history and individual preferences such as their food likes and dislikes. Each person had a communication passport prepared which gave clear information about how people communicated their needs, including what different facial expressions may mean. Staff told us the information provided in people's care records gave them the information they needed, to support people in the way they wished. One staff member said, "From reading the care records I could visualise the person. For example, one person really enjoys musicals so we regularly have music on. We also speak with families to understand each person's needs."

Care reviews were undertaken monthly by staff so people's care records reflected their current support needs. Reviews also took place each year with the person and their representatives to ensure people continued to be involved in making decisions about their care. However, we found one person's communication plan did not record their current medicines, as this had not been updated when their medicines had changed. The manager stated this had been an oversight and the records would be updated straight away. We were confident that the information in other sections of the care records provided staff with the information they needed to support the person. The manager explained, "We are currently reviewing all our care records and paperwork. This review process will involve a full audit of the information on people's records."

There was a communication book which staff reviewed at the start of each shift where any changes to people's health or behaviour was recorded. Staff told us the book provided them with the information they needed to support people. One member of staff said, "Everyone [staff] reads the communication book when they start their shift."

People were supported to take part in activities which they enjoyed, according to their own personal preferences. We saw there was a list of planned activities on display at the home so people knew what plans had been made for the week ahead. People were involved in making their weekly plan in consultation with staff and their families. One staff member said, "We prepare the activities list weekly, everyone is asked what they want to do." The activities plan showed each person had an individual list of things they might enjoy. Activities included eating out, listening to music, shopping trips and trampolining. Other activities included people going out with family and friends. A member of staff told us, "People do activities separately. In

addition people also have time alone ('Me' time) in their rooms when they want."

One relative told us about the activities their family member was involved in saying, "[Name] likes to be active. The home promotes daily activities. [Name] goes to a centre one day a week, other days they go out on the bus which they enjoy. They usually arrange a yearly holiday but this year they are arranging different activity days in the summer such as going to the seaside and the theatre."

The complaints procedure was available in a format people could understand. However, some people at the home were unlikely to make a complaint due to their communication needs and level of understanding. Staff were aware of the signs to look for if people were expressing they were unhappy about something and told us they would address this. Relatives told us they felt confident in raising any complaints with the manager at the home. There were no previous complaints recorded in the complaints log, however, we saw previous feedback raised by family members had been investigated and responded to in a timely way. For example, following feedback the manager had met with a person's family, staff and health professionals to discuss their food and nutritional needs. A family member told us, "We had previously raised [Name's] eating with staff, these concerns were responded to." This showed the manager acted to improve the quality of their service following people's feedback.

Good

Is the service well-led?

Our findings

People's relatives told us they were happy with the service provided at Ward Grove. Everyone told us the manager was always accessible and approachable to them. One relative commented, "The manager is very approachable. They have been very supportive to us as a family." A member of staff said, "The home is really well managed. Nothing is too much effort for people here."

There was an experienced registered manager in post at the time of our inspection visit who had been at the home for several years. There was also a newly appointed manager undergoing an induction and probationary period when we visited. The registered manager explained the new manager would be taking over the running of the home following their probationary period and would be applying to register with CQC. Whilst they were on their probationary period the registered manager continued to oversee the running of the home.

Staff understood the values and vision of the provider which were to put people at the heart of what they did at Ward Grove. One staff member commented on the values of the provider saying, "We all work together for the best interests of each person." Another staff member said, "We provide very person centred care here, we take a holistic approach." We observed staff acted according to the provider's values on the day of our visit.

Staff told us they received regular support and advice from managers as they worked alongside them at the home several days each week. Staff also said the manager was available via the telephone and face to face meetings when they needed support. One staff member said, "The manager is always at the end of the phone if needed." Care staff were able to access support and information from managers at any time. The provider operated an out of office hours' advice and support telephone line 24/7, which supported staff in delivering consistent and safe care to people. One staff member said, "The 'on call' telephone line is picked up straight away if you need it."

Care staff said they had group staff meetings as well as individual meetings with their manager. Meetings allowed them to share their views and opinions and kept them up to date with any changes at the home. One member of staff told us, "The manager and provider do listen to our ideas." We saw that the manager was reviewing the number of staff required at the home in response to feedback from staff.

People and their relatives were asked to give feedback about the quality of the service they received through a range of different routes. There were regular meetings at the home with people's family members to discuss changes. For example, in a recent meeting relatives had requested a new garden table be purchased for the garden area, which had been arranged. Customer satisfaction surveys were carried out by the manager every six months, completed surveys showed people were satisfied with the care they received.

Quality assurance and monitoring of the home was established and carried out on a daily basis and via regular audits. The provider visited the home on a monthly basis, and conducted checks on the quality of care by speaking to staff, the manager and people at the home. Each week the registered manager

completed a report which was sent to the provider so they could maintain oversight on the standards of care and identify any areas where improvements were required. The provider had improvement plans in place to complete a programme of quality audits throughout their homes with a new auditing tool based on local authority and CQC standards. The provider also planned to improve the format of care records at the home to increase the information provided to staff. This was to ensure records were written in a person centred way. This demonstrated the provider reviewed the findings of audits and checks and made improvements to their service in response.

The manager understood the responsibilities of their registration and notified us of the important events as required by the Regulations. They sent us notifications about important events at the service. A provider information return (PIR) was not requested before the inspection. We gave the registered manager the opportunity during the visit to tell us what the home did well and what areas could be developed.