iMap Centre Limited

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Inspection report

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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?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on the 6 and 8 February 2018 and was announced.

This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service supports some people on a 24 hour basis. Others require help with developing skills in a transition towards more independent living. We did not cover this in our inspection as those people did not receive 'personal care'. The people we visited could not communicate their views to us so we observed how staff supported and spoke with them.

There was a manager in post who had applied to the Commission for registration. 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.

Staff were recruited safely and trained to meet people's individual needs. People were only supported by staff known to them and competent to meet their needs. There were enough staff assigned to provide support and ensure that people's needs were met.

Staff were aware of the requirements of the Mental Capacity Act [2005] and the Deprivation of Liberty Safeguards [DoLS] .People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice but we made a recommendation in regards to recording to ensure that it met the requirements of the MCA.

People had a support plan that provided staff with direction and guidance about how to meet individual needs and wishes. These care plans were regularly reviewed and any changes in people's needs were communicated to staff.

Comprehensive assessments were carried out to identify any risks or potential risks to the person using the service and to the staff supporting them. This included any environmental risks in people's homes, risks in the community and any risks in relation to the health and welfare.

Where staff were responsible for supporting medicine administration this was done safely. Staff ensured that people had enough to eat and drink and maintained a healthy diet.

People were supported to live a full and active life, offered choice. There were safeguards in place to support people to experience a range of activities.

There was a complaints process in place in a range of different formats. Relatives knew how to raise concerns and make complaints and told is that they had accessed this. We looked at records that demonstrated the complaints procedure had been followed.

There was a management structure within the service which provided clear lines of responsibility and accountability. There was a positive culture within the service and the management team provided leadership and led by example.

There were quality assurances systems in place to identified and address areas of improvement. Safeguarding matters had been investigated but CQC had not been notified of the occurrence. The manager and senior support worker were visible in the service.

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 were protected from abuse and foreseeable risks.

The service had person centred risk assessments relating to people being supported to reduce the risk of any potential harm.

There were sufficient staff to provide the support people required. Checks were carried out when new staff were employed to ensure they were suitable to work in people's homes.

People received their medicines safely.

Is the service effective?

Good

The service was effective.

Staff were trained and had the skill and knowledge to provide the support people required.

People were supported to have a varied and nutritional diet to keep them healthy.

The service was working within the legal requirements of the Mental Capacity Act (2005)

Is the service caring?

Good

The service was caring.

We observed people were treated in a kind and compassionate way. The staff were friendly, patient and encouraging when providing support to a person.

People were supported to maintain their independence in their home and in the community.

Staff were knowledgeable about the people they supported in order to provide a personalised service.

Is the service responsive?

Good

The service was responsive.

Care was planned and delivered to meet people's individual needs.

Care plans were person-centred and information about a person's life history, likes, dislikes and how they wished to be supported was documented.

There were systems in place for receiving and handling complaints.

Is the service well-led?

Requires Improvement

The service was well-led.

Staff told us they enjoyed working at the service and felt valued They said they were able to put their views across to their manager, and felt they were listened to.

The registered provider and manager monitored the quality of the service.

The manager was applying for registration with CQC. Notifications had not always been submitted as required.

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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 checked 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 the 6 and 8 February 2018.

The inspection was announced. We gave the service 2 days notice of the inspection site visit because some of the people using it could not consent to a home visit from an inspector, which meant that we had to arrange for a 'best interests' decision about this and discuss with staff and relatives.

We visited the office location on6 February 2018 to see the manager and office staff; and to review care records and policies and procedures.

The inspection was carried out by an adult social care inspector.

Prior to the inspection we gathered and reviewed information about the service from notification, complaints and complaints.

We also used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke to three relatives throughout the inspection process to ascertain their views on the service provided. We also spoke to representatives of the local authority who commissioned the placements.

We had the opportunity to speak with the manager, the senior support worker and 4 members of staff,

We were not able to speak with people who used the service but we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of

people who could not talk with us.

We looked at records relating to the support two people received such as support plans, risk assessments , daily logs and medication records. We also looked at records relevant to the overall management of the service. This included 4 staff files, training records, accidents and incident reports, safeguarding investigations, complaints, and quality audits.

Good

Is the service safe?

Our findings

Staff had a clear understanding about how to keep people safe and protected from the risk of harm. They were able to speak to us about the types of abuse and what they would do should they have any concerns. We saw that staff had appropriately reported matters which they deemed to be of a safeguarding nature.

The registered provider had a whistle blowing policy which staff were familiar with. Staff told us they would not be afraid of reporting any concerns they had about the service or each other and were confident that their concerns would be dealt with in confidence.

All the staff we spoke to said that there were enough staff and time available to safely support the people who used the service. All of the people required 'one to one support' or 'two to one' for certain activities such as going out into the community.

Staff said that they were able to contact a senior person in the service at any time, if they were concerned about the welfare of a person. We saw a list of contact names and numbers when we visited a person's home. There were also "grab files" for staff to take out with key contacts and numbers.
Due to the complex needs of people being supported, the manager told us it was important there was continuity in the support given. They told us, "It's really important there is as little change as possible. We generally manage it well." Staff covered absences between them and said that this worked well. They felt this was essential as it meant that people were always supported by people who knew them well. A staff member said, "We support people 24/7 and keep them safe. It can be very intense at times but people have continuity of care".

All of the people received support with their medication such as ordering, administration and disposal. We checked and found that medication was given in line with directions. Some people had complex medication regimes which staff were fully aware of and this ensured that people were kept safe and well at all times. Care plans were in place for those medications which were 'as required' (PRN).We spoke to the manager about ensuring that these fully outlined the circumstances in which they were to be used and offered.

Risk assessments are in place which covered all aspects of a person's support needs both inside and outside of their own home. For example risk assessments were in place for activities which staff supported in the community including travelling in a car. Risk assessments were carried out for aspects of the environment which could pose a risk such as access to kitchen areas as people did not understand, for example, the risks associated with hot surfaces, raw meat or sharp knives. Risk management plans assisted staff to look for triggers for behaviours, de-escalation prompts, reactions, preferred types of support and reassurance. This enabled staff to safely respond to issues which might arise. All the plans were person centred and designed for the individual.

The service provider had systems in place to ensure the safe recruitment of staff. We found that all staff had completed an application form and any gaps in employment had been verified. References were taken up

and validated from suitable persons. Checks been carried out prior to employment with the Disclosure and Barring service. This ensured that potential staff were of suitable character to work within the service.

Staff were aware of the reporting process for any accidents that occurred. A record was kept of accidents and incidents that happened both inside and outside of the persons own home. These were reported to the registered provider for an oversight of any themes and trends. Following such occurrences learning was undertaken and remedial risk management place in place.

Staff had access to personal protective equipment, for example; gloves and aprons, which helped to maintain infection control. Staff ensured that a good level of cleanliness was maintained within the person's home.

Although the landlord was responsible for the maintenance of the properties, the service had measures in place to ensure that people lived in a safe environment. They acted as advocates in ensuring that repairs were made in a timely way. For example: the fire service had recently carried out an inspection and deemed it a requirement to fit suitable fire doors. The service was in discussion with the landlord to ensure that this was done as a matter of priority.

Good

Is the service effective?

Our findings

People received care from staff who knew them well and had the knowledge and skills to meet their needs. A staff member told us, "Our training is extensive. I feel person centred care is at the heart of what we do and this is reflected in the training we have".

New staff underwent a thorough induction that included both classroom based training and shadowing more experienced members of staff supporting people who used the service. Staff told us and relatives confirmed, that they did not provide one-to-one care until they were fully conversant with a person's needs and able to provide care safely.

Staff told us that they felt fully equipped to carry out the roles. They were provided with a range of training opportunities. All had undertaken training, deemed by the register provider, as essential such as medication training, moving and handling, first aid, safeguarding, the mental capacity. Staff also given training specific to the individual they supported to ensure that they could meet all of their support needs. This included training around communication skills, administration of complex drugs, epilepsy and managing more challenging behaviour. The manager was in the process of sourcing training around Dysphasia as it had recently been identified as a need by staff. Staff received the opportunity for one-to-one support from a supervisor to discuss their learning and developmental needs and also to receive feedback on their performance. Staff confirmed this took place on a regular basis but also that they felt comfortable and confident to go to the supervisor to discuss any concerns they had.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. For people in their own homes this is done under an Order from the Court of Protection. None of the people we visited had any orders in place. We checked whether the service was working within the principles of the MCA.

Staff were able to tell us about the people that they supported and what decisions they could or could not make for themselves. Staff described how they interpreted a person's behaviours or communication in order to ascertain their wishes. They told us that people were able to make small choices such as what to wear, what to eat or what to do in the day. When people were not able to make more complex decisions, staff understood that lacked the mental capacity to do so and therefore they were making a decision in their 'best interest'. However, we found that support plans were not fully explicit in outlining which decisions, with support, a person could make and which decisions were made in their best interest.

At times staff had to exercise a degree of restraint or restriction in order to keep a person safe as they were unable to understand the risks. For example: the use of bedrails, lap belts in wheelchairs or seat belts in cars. A mental capacity assessment or best interest decision had not taken place to evidence that the care

could not be provided safely in a least restrictive manner and so was in a person's best interest.

We made a recommendation that the registered provider review documentation to consistently show which decisions people could make, and which decisions needed to be made on their behalf in their best interests.

Staff supported people with healthy eating to ensure that their diet was balanced. People had different needs in regards to nutritional intake. We saw from food records that staff were aware of this and food choices offered reflected this. Menus were based upon people's likes and dislikes and choices were on offer. Where a person indicated that they did not want a particular meal on something else was offered in place.

Good

Is the service caring?

Our findings

We spent time observing staff interactions of the people that they supported. We found that this was positive and that people appeared to enjoy the company of the staff and were comfortable in the presence.

The model of care provided was under pinned by the principles in 'Building the Right Support' (A nationally recognised plan developed jointly by NHS England (NHSE), the Local Government Association (LGA) and the Association of Director of Adult Social Services (ADASS) and CQC). The personal care and accommodation arrangements were provided under separate legal agreements. Each person had exclusive possession of at least part of the accommodation. This meant their own private space over which they could decide who can enter and when they can enter and they had access to every part of their home, apart from any co-tenants' private space. Some of the relatives commented that they felt that staff sometimes 'forgot' that it was a person's own home and did not always take care of the furnishings and fixtures. One said that this had improved as staff had realised that the person, not an organisation, was responsible for replacing any worn or damaged items.

When we visited people in their own home staff introduced us and helped make sure that the person felt more comfortable in our presence. Due to a person's complex needs we had limited opportunity to verbally seek their views on the care and support they received. However, we observed staff were respectful and spoke with people in a kind and reassuring way. We observed the relationship between people and staff members was relaxed and friendly and there were easy conversations and laughter.
One person was unwell on the day of our visit and we saw that staff were vigilant and empathetic in their care of the person. They were calm and reassuring and met the person's needs well.

Staff had a good knowledge and understanding of people, respected their wishes and provided care and support in line with those wishes. Care plans contained information about what was important to people and their personal likes and dislikes. Staff spoke fondly about the people they supported and are able to tell us in detail about their likes and dislikes, there individual personalities in relation to that they had outside of their own home.

People were given the opportunity to participate in community-based activities of their preference. Photographic records of how people spent their time and any new activities were kept which were meaningful to people as well as staff. One person was able to show us photographs that had been taken throughout the year where they had had the opportunity to go out on trips, engage in activities and to go on holiday. The photographs and video clips showed that the person was having a good time, laughing and taking part in a wide range of activities. The person was very animated and excited when showing as this as they brought back some very happy memories.

People were supported to maintain relationships with friends and families and encouraged to spend time with them. Staff supported the use of technology such as face time to ensure that people could keep up to date with family and friends which they could not see on a regular basis. Photos and the e-mails were regularly sent which relatives told us that they appreciated.

The service promoted equality, recognised diversity, and protected people's human rights. It aimed to embed equality and human rights through well-developed person-centred care planning. Support planning documentation used by the service enabled staff to capture information to ensure the person received the appropriate help and support they needed to lead a fulfilling life and meet their individual and cultural needs.

Good

Is the service responsive?

Our findings

Relatives were mainly positive about the support that was provided. One told us "I never thought I would see the day that [family member] could live in the community… and now they are. Residential care would have been too restrictive for them but in their own home they have freedom and independence (albeit it with support)."

Support plans were person centred which meant they were all about the person and how they wanted their care and support to be provided. Staff we spoke to had understanding of a person's needs and reflected that which was written in the care plans. People's care plans were detailed and informative, outlining their background, preferences, communication and support needs. These contained great detail about a person's individual routines and rituals which are important in order to maintain their well-being. They contained important information such as individual preference of toiletries, toothpaste, clothing and routines.

Staff spoke about the importance of communication between each other to ensure that any changes to health or support needs were shared. Care plans were reviewed in response to any changes in people's needs. It was clear staff knew the people they supported well. One staff member told us; "I've got to know [Person's name] over time. It can be just the little things that are important like a smile or gesture where you get a really good response."

All people supported by the service had a Health Passport. It was used to help healthcare professionals understand the person and to make reasonable adjustments to the care and support they provided during an appointment or hospital stay. It had information about a person that supported staff to understand a person's everyday needs, including communication, medication as well as eating and drinking.

People were protected from the risk of social isolation and staff recognised the importance of companionship and keeping relationships with those who matter to them. As part of people's support package staff spent time to ensure they engaged in home based and external activities of choice. People were supported to take part in personalised activities and encouraged to maintain hobbies and interests which included shopping, eating out and swimming. One relative commented that sometimes activities were dependent upon the staff on duty as some were not as physically active as others and there had been occasions where not all staff could drive a car. Records showed choices offered by staff and made by people every day.

Daily records were completed and reported individually about anything specific to that person on their own record to ensure confidentiality. Records included references to medicines, activities, sleep patterns, seizure activity and other information specific to the individual person. This information was used at the person's review for discussion and future planning as well as care plan development.

A relative told us "If I wasn't happy that staff would really know about it. But it never gets to that point I always try to resolve things quickly and without having to resort formal complaint." There was a policy and

procedure in place for dealing with any complaints. This was made available to people and their families and provided people with information on how to make a complaint. Record showed complaints had been responded to in line with the services own procedures and outcomes reviewed as part of a lessons learnt process. This was to identify areas which could be improved upon to reduce issues arising again.

Requires Improvement

Is the service well-led?

Our findings

Staff told us that there was plenty of support: Comments included "Management always there for you,", "We all work really well as a team. Very supportive of each other" and "The senior is superb: they are always available". Relatives also commented that there was "Good open communication" and "We resolve most issues locally but if management have to intervene it is positive".

The manager of the service had worked for the registered provider for many years but had only taken over management of the service in the last 10 months. They had applied to the CQC for registration and their application was under consideration. 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 service was managed on a day-to-day basis by senior support worker who had worked the service for many years. They were supported by the staff group some of which had supported the people who used the service throughout their childhood years into adulthood and so knew them well.

Staff told us the manager and senior took an active role in the running and general operation of the service. They said the senior had good knowledge of the staff and the people who were being supported. There were clear lines of responsibility and accountability within the management structure.

Staff were motivated and passionate about making a difference to people's lives. They told us, "This is the best job I've done" and "We get the support we need because it can be challenging sometimes but I want to make a positive difference to a person's life."

Staff members told us that day to day communication was good and any issues were addressed as necessary. Staff told us they used the open communication as an opportunity for them to raise any issues or ideas they may have. There was a clear shared set of values across the staff team. A staff member said, "We are all committed to making a difference and giving people the very best opportunities. That's what makes the job so rewarding". Staff said they felt confident and competent and challenge each other in terms of their practice and were keen to share knowledge and experience with each other. A new member of staff confirmed this and how staff had supported them to gaining confidence and skills in order to carry out a role there had been previously, and familiarity them.

There were team meetings which focused on the operation of that service. The meetings provided an opportunity for open discussion. Any organisational changes were communicated either at these meetings or through internal emails.

A range of polices and procedures were in place many of them common processes across all of the services managed by the registered provider. Some of these required further review to ensure that they reflected the differences for community based support. For example: the medication policy did not refer to or reflect the

National Institute for Heath and Care Excellence (NICE) guidance "Managing medicines for adults receiving social care in the community". Staff could not recall it being addressed within training.

In order to measure the effectiveness of the services, monitoring visits took place at by another manager within the organisation. This gave a more independent oversight of the service. The audit checked on operational systems at the service such as safeguarding issues, staffing levels, care plans, medication, reviews, challenging behaviour management as well as looking at the physical environment. A report was then compiled with actions and recommendations for the manager of the service to follow up. We looked at the last audit and saw that a number of issues had been identified which the manager was currently working on address and resolve.

Service work collaboratively with commissioners of the service and the key professionals such as specialist nurses. This is evident in support plans and risk management which incorporated help and advice from these professionals in order to enhance the people's wellbeing.

CQC requires that the registered provider informs them of key occurrences within the service such as safeguarding matters and serious incidents. We found that the service had investigated a safeguarding matter appropriately but had not reported this to CQC.

The service had not been previously inspected and said there was no rating to display. However the register provider was aware required to be displayed within the service and also on their website.