Isle of Wight Care Limited

Capri

Inspection report

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Date of inspection visit: 27 August 2015
Date of publication: 16/10/2015

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

Overall summary

Capri is a privately run residential care home providing care for a maximum of nine people. The home provides support to older people including those with a cognitive impairment. At the time of the inspection the home accommodated eight people.

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 inspection was unannounced and was carried out on 27 August 2015.

The people living at the home told us they felt safe. Staff and the registered manager had received safeguarding training and were able to demonstrate an understanding of the provider's safeguarding policy and explain the action they would take if they identified any concerns.

Summary of findings

The risks relating to people's health and welfare were assessed and these were recorded along with actions identified to reduce those risks in the least restrictive way. They were personalised and provided enough information to allow staff to protect people whilst promoting their independence.

Care plans were personalised and reflected people's individual needs. Staff used the information contained in people's care plans to ensure they were aware of their needs and how to support them.

People were supported by staff who had received the appropriate training, professional development and supervision to enable them to meet their individual needs. There were enough staff to meet people's needs and to enable them to engage with people in a relaxed and unhurried manner. The registered manager had established a safe and effective recruitment process, and there were systems in place to manage short term absences of staff.

There were suitable systems in place to ensure the safe storage and administration of medicines. Medicines were administered by staff who had received appropriate training. Healthcare professionals such as GPs, chiropodists, opticians and dentists were involved in people's care where necessary.

Staff followed legislation designed to protect people's rights and ensure decisions made were the least restrictive and were in their best interests.

Staff developed caring and positive relationships with people and were sensitive to their individual choices and treated them with dignity and respect. People were encouraged to maintain their family relationships and their bedrooms were individualised to reflect their personal preferences.

People were supported to have enough to eat and drink. Mealtimes were a social event and staff supported people in a patient and friendly manner.

There was an opportunity for people, their families, health professionals and staff to become involved in developing the service. They were encouraged to provide feedback on the service provided. They were also supported to raise complaints or concerns should they wish to.

People told us they felt the service was well-led and were positive about the registered manager who understood the responsibilities of their role. Staff were aware of the provider's vision and values, how they related to their work and spoke positively about the culture and management of the service.

There were systems in place to monitor quality and safety of the service provided. Accidents and incidents were monitored, analysed and remedial actions identified to reduce the risk of reoccurrence.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe

The registered manager had assessed individual risks to people's health and wellbeing. They had taken action to minimise the likelihood of harm in the least restrictive way.

People felt safe and staff were able to demonstrate an understanding of what constituted abuse and the action they would take if they had any concerns. People received their medicines at the right time and in the right way to meet their needs.

There were enough staff to meet people's needs and recruiting practices ensured that all appropriate checks had been completed.

Is the service effective?

Good

The service was effective.

The registered manager and care staff understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

People were supported to have enough to eat and drink. They had access to health professionals and other specialists if they needed them.

Staff received an appropriate induction and on going training to enable them to meet the needs of people using the service.

Is the service caring?

Good

The service was caring.

Staff developed caring and positive relationships with people and treated them with dignity and respect.

People had the opportunity to be involved in planning their care. People's preferences and views were reflected in their care plans.

Staff understood the importance of respecting people's choice and their privacy. People's bedrooms were individualised to reflect their preferences

Is the service responsive?

Good

The service was responsive.

Staff undertook a pre-assessment before the person started with the service to ensure they were able to meet their needs. Care plans and activities were personalised and focussed on individual needs and preferences.

Staff were responsive to people's needs and encouraged them to maintain friendships and important relationships.

The provider sought feedback from people using the service and had a process in place to deal with any complaints or concerns.

Summary of findings

Is the service well-led?

Good

The service was well-led.

The provider's values were clear and understood by staff. The registered manager adopted an open and inclusive style of leadership.

People's families, health professionals, visitors and staff had the opportunity to become involved in developing the service.

There were systems in place to monitor the quality and safety of the service provided and manage the maintenance of the buildings and equipment.

Capri

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 was unannounced and was carried out by one inspector on 27 August 2015.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information in the PIR, along with other information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with five people using the service and one visitor. We observed care and support being delivered in communal areas of the home. We spoke with two members of the care staff and the registered manager.

We looked at care plans and associated records for three people using the service, staff duty rota records, four staff recruitment files, records of complaints, accidents and incidents, policies and procedures and quality assurance records.

The previous inspection took place in July 2013 and there were no concerns identified.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said, "I have been here for 10 years, I like it here and I like the staff. I feel safe here, if I have got any problems there is always someone here to listen to me". Another person told us, "Staff know how to look after me, I take nine tablets in the morning and staff make sure I take them at the right time". A visitor told us they felt their relative was "safe at the home" They added "I can visit any time I like and if there are any problems they let me know".

The registered manager had assessed the risks in respect of providing care and support for each person using the service; these were recorded along with actions identified to mitigate those risks. They were personalised and written in enough detail to protect people from harm whilst promoting their independence. For example, one person had a risk assessment in place in relation to their use of a walking frame. We saw staff following these guidelines, walking behind them, giving verbal prompts and reminding them to use the hand rails and not the middle bar of the frame. Where an incident or accident had occurred, there was a clear record of this and an analysis of how the event had occurred and what action could be taken to prevent a recurrence. One person had recently had a series of falls. Following a review of the incidents the person was referred to the falls clinic and the person's care plan was updated with the action to take to reduce the risk of further falls.

Information to support people with disabilities to escape the building in the event of an emergency was recorded in various parts of the person's care plan but it was not easily accessible to staff in an emergency. We pointed this out to the manager who stated they would create a specific personal emergency evacuation plan (PEEP) for each person using the service.

Staff had the knowledge necessary to enable them to respond appropriately to concerns about people. All staff and the registered manager had received safeguarding training and knew what they would do if concerns were raised or observed in line with the providers' policy. One member of staff told us, "If I have any concerns I would report them to [the registered manager] but I don't have any concerns". They said that if they felt the registered manager did not take any action they would report it to safeguarding or the Care Quality Commission. There had been no safeguarding concerns raised by the registered manager over the previous 12 months. The registered manager was able to explain the action they would take if a safeguarding concern was identified; this included ensuring that incidences of safeguarding were notified to the appropriate authority within a timely manner.

There were enough staff available to meet people's needs. The registered manager told us that staffing levels were based on the needs of people using the service. The staffing level in the home provided an opportunity for staff to interact with the people they were supporting in a relaxed and unhurried manner. During our inspection we observed that staff responded to people promptly. There was a duty roster system, which detailed the planned cover for the home. This provided the opportunity for short term absences to be managed through the use of overtime and staff from another home owned by the provider. The registered manager was also available to provide support when appropriate.

The provider had a safe and effective recruitment process in place to help ensure that staff who were recruited were suitable to work with the people they supported. All of the appropriate checks, including Disclosure and Barring Service (DBS) checks were completed on all of the staff. The DBS check helps employers make safer recruitment decisions and prevents unsuitable people from working in a care setting.

People received their medicines safely; medicines were administered by staff who had received appropriate training and had their competency assessed to ensure their practice was safe. Medicines administration records (MAR) were completed correctly. The MAR chart provides a record of which medicines are prescribed to a person and when they were given. Staff administering medicines were required to initial the MAR chart to confirm the person had received their medicine. Each person who needed 'as required' (PRN) medicines had a clear protocol in place to support staff to understand when these should be given. There were risk assessments in place for those people who chose to self-medicate and these were reviewed at regular intervals. There were suitable systems in place to ensure the safe storage and disposal of medicines. A refrigerator was available for the storage of medicines which required storing at a cold temperature, in accordance with the manufacturer's instructions. There was a medicine stock management system in place to ensure medicines were stored according to the manufacturer's instructions and a

Good

Is the service safe?

process for the ordering of repeat prescriptions and disposal of unwanted medicines. Staff supporting people to take their medicine did so in a gentle and unhurried way. They explained the medicines they were giving in the way the person could understand and sought their consent before giving it to them.

Good

Is the service effective?

Our findings

People told us they felt the service was effective and that staff understood their needs and had the skills to meet them. One person said, "I am well looked after here I can choose what I want to do and I choose not to get up at the moment". A relative said "I think this is an excellent home. The staff are very friendly and know what they are doing".

Staff encouraged people to make decisions and supported their choices. For example, one person told us that staff, "Encourage me to do things for myself; I now do my own inhaler, the staff check and watch me take it, so I do it properly".

The registered manager and care staff understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The MCA provides a legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision should be made involving people who know the person well and other professionals, where relevant. Where best interest decisions were made staff consulted with health professionals and family members before making the decision.

DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. We found the home to be meeting the requirements of the Deprivation of Liberty Safeguards. The registered manager had applied for DoLS authorisation for two of the people using the service, as they were subject to constant supervision at the home and did not have capacity to make certain decisions regarding their safety. Staff understood how the DoLS applied to people in the home and the need to support them and keep them safe in the least restrictive way.

There were arrangements in place to ensure staff received an effective induction into their role. Each member of staff had undertaken an induction programme and spent time shadowing more experienced staff, working alongside them until they were competent and confident to work independently. The manager told us that all of their staff had been with them for a long time and for any new staff they recruited, they would follow the principles of the Care Certificate. The Care Certificate is a set of standards that health and social care workers adhere to in their daily working life. The provider had a system to record the training that staff had completed and to identify when training needed to be repeated. This included essential training, such as medication training, safeguarding adults and first aid.

Staff had access to other training focussed on the specific needs of people using the service, for example, diabetes awareness and dementia awareness training. Staff were able to demonstrate an understanding of the training they had received and how to apply it. For example how they supported a person living with a cognitive impairment to make choices and maintain a level of independence.

Staff received regular supervisions and an annual appraisal. Supervisions provide an opportunity for management to meet with staff, feedback on their performance, identify any concerns, offer support, assurances and learning opportunities to help them develop. One member of staff said, "I have regular supervisions but we see each other regularly so things are dealt with straight away". Staff said they felt supported by the registered manager. There was an open door policy and they could raise any concerns at any time.

People were supported to have enough to eat and drink. They were complimentary about the food and told us they could eat what they liked. One person said, "I have no complaints about the food, you get some good food here. I don't eat beef or pork so they don't give me that. I have chicken instead so I'm very happy". Another person told us, "The food is nice here but I don't like to eat very much". They added "They keep me supplied with cups of tea, they are good like that". A visitor said their relative, "Eats well" and their relative told us "I like the food, yes". Staff who prepared people's food were aware of their likes and dislikes, allergies and preferences. Mealtimes were appropriately spaced and flexible to meet people's needs.

Mealtimes were a social event and staff engaged with people in a supportive, patient and friendly manner. Staff were aware of people's needs and offered support when appropriate. For example, one person required assistance with their meal and staff supported them in a relaxed and unhurried way, engaging them in conversation. Staff encouraged people to drink throughout the day.

People were supported to maintain good health and had access to appropriate healthcare services. Their records

Good

Is the service effective?

showed they had regular appointments to be seen by health professionals such as chiropodists, opticians, dentists and GPs. All appointments with health professionals and the outcomes were recorded in detail. One person said the registered manager “takes me down to the dentist and doctors to get me treated". Another person told us “If I need the doctor they call them”. They added “I was getting headaches, so they arranged for an optician as I needed new glasses”. A visitor said, “The doctor comes once a week to see [their relative] and check he is okay”.

Good

Is the service caring?

Our findings

Staff developed caring and positive relationships with people. One person said, “the staff are very caring, we always have a good laugh”. They added “It is lovely here. We are like a little family; we sit around and chat or watch TV. When it’s nice we sit outside in the garden”. Another person told us, “The staff are very good and so patient with me”. A third person told us that staff were “good company”. A relative said, “It is really nice here. The staff are very good with [their relative]. I would recommend the home to anyone. I have told my nieces, if I can’t look after myself, put me here because it is so nice. I would be very happy living here”.

People were cared for with dignity and respect. Staff spoke to people with kindness and warmth and were observed laughing and joking with them. Staff responded promptly to people who required assistance. One person started to become upset and distressed in the communal area of the home. The registered manager immediately took them to one side and provided support to the person, patiently listening to their concerns and providing reassurance and distracting them in line with their care plan.

Staff understood the importance of respecting people’s choice, and privacy. They spoke to us about how they cared for people and we observed that personal care was provided in a discreet and private way. Staff knocked on people’s doors and waited before entering. One person told us “Staff knock on my door and wait until I say come in. I couldn’t be without them”.

People, and when appropriate their families, were involved in developing their care plans, which were centred on the person as an individual. We saw that people’s preferences and views were reflected in their plans, such as the name they preferred to be called, what time they wanted to get up, get washed and dressed and in what order. Staff used the information contained in people’s care plans to ensure they were aware of people’s needs and preferences. People told us staff respected the choices that they made. One person told us, “I can go to bed when I like and get up when I like. I usually like to get up about seven. When I get up they make me a cup of coffee”. Another person said, “I can please myself when I get up or what I do”. Staff had good knowledge of the individual’s likes and dislikes. One staff member told us “You get to know people’s likes and dislikes, what they like to do and when they like to do it. For example [one person] likes to play dominos in the afternoon so I make sure I have time to sit down with them”.

Most people were independent and were encouraged to maintain links within the local community. People were able to go out whenever and as often as they wanted. One person told us, “I can go out if I want. I tell them where I am going so they don’t worry”. Another person said, "I can go out to visit my friend or go shopping when I want or my friend can come and see me here”.

People’s bedrooms were individualised and reflected people’s preferences with photographs, pictures and other possessions of the person’s choosing.

Good

Is the service responsive?

Our findings

Staff were responsive to people's needs. One person told us, "When I first came here staff had to bathe me and everything else. They have helped me to walk and be independent and do things for myself". Another person said, "I am happy here the staff are very good". A visitor told us, "Staff understand [their relative's] needs and know how to look after him". They added "I have seen a big improvement since he's been here".

Pre-admission assessments, in respect of people's care and welfare needs, were completed by the registered manager or a senior member of staff prior to them moving into the home. This ensured that the registered manager was aware of people's needs and had staff with the necessary skills available to support them when they arrived.

Staff used the information contained in people's care plans to ensure they were aware of their needs and how to support them. Care plans were detailed, reviewed monthly and reflected people's assessed needs. The support plans described people's routines and how to provide both support and personal care. Staff were knowledgeable about the people they supported and were able to tell us in detail about their preferences, backgrounds, medical conditions and needs.

People's daily records of care were up to date and showed care was being provided in accordance with people's needs. Handover meetings were held at the start of every shift, which provided the opportunity for staff to be made aware of changes to people's needs.

Staff were knowledgeable about the types of activities people liked to do, and knew what activities they would likely choose. Although there was no structured approach to activities, this was the preference of the people using the service. There were games, jigsaw puzzles and other activities available for people to use. One person told us, "I can do what I like I've got lots of hobbies, knitting, crocheting and watching TV. I never get bored. Staff play cards or dominos with me and we are always having a laugh". Another person said, "There is plenty for me to do, I have my budgie and I like to help around the house doing little jobs". Most people were independent and were encouraged to maintain links with the local community. One person told us they had been out to work during the day.

People were supported to maintain friendships and important relationships with their relatives; their care records included details of their circle of support. Relatives confirmed that the home supported their relatives to maintain a relationship with their family. One family member told us that they were able to visit when they wanted and could talk with their relative in private.

People, their relatives and friends were encouraged to provide feedback. The registered manager told us they "engaged with each resident" on a daily basis. They had also arranged regular meetings with people to give them a formal opportunity to express their views and provide feedback about the service. People, their relatives, health professionals and care managers were sent an annual satisfaction survey. The registered manager analysed the responses to these and where concerns were identified they used the information to help develop an improvement plan, for example the installation of a new chairlift to support people. We reviewed the results of the latest surveys and these were all positive.

People, their relatives and friends were supported to raise complaints if they were dissatisfied with the service provided at the home. There were arrangements in place to deal with complaints which included detailed information on the action people could take if they were not satisfied with the service being provided. A copy of the provider's complaints policy was posted on a notice board in the home and was also in the 'service user's guide' given to all people using the service. The registered manager told us they had not received any complaints since our last inspection and explained the action they would take if a complaint was received. People told us they knew how to complain but had not needed to do so. One person said, "If I had a complaint I know I could tell anyone and they would put it right". Another person told us, "If I wanted to complain I would talk to [the registered manager] and she would sort it out". A relative said, "If I had any concerns I would ring [the registered manager]. I have done it a couple of times and she has sorted it out and put my mind at rest".

Good

Is the service well-led?

Our findings

People and family members told us the service was well-led. There was a clear and visible management structure established by the provider through the registered manager and senior care staff. Staff understood the role each person played within this structure.

Staff were aware of the provider's vision and values and how they related to their work. Regular staff meetings provided the potential for the registered manager to engage with staff and reinforce the provider's value and vision. They also provided the ability for staff to provide feedback and become involved in developing the culture of the service. There was an opportunity for staff to engage with the management team on a one to one basis through supervisions and informal conversations. Observations and feedback from staff showed us the home had a positive and open culture. Staff spoke positively about the culture and management of the service. They confirmed they were able to raise issues and make suggestions about the way the service was provided in one to one or staff meetings and these were taken seriously and discussed.

The provider's vision and values were set out in the 'service user's guide' and were clearly demonstrated by the actions of the registered manager and the staff in the way they supported people. There was the opportunity for people and their relatives to comment on the culture of the service and become involved in developing the service through regular feedback opportunities such as house meetings and the annual feedback survey.

The registered manager maintained a system of audits and reviews on key aspects of the service; these included regular audits of medicines management, safeguarding alerts, environmental health and safety, and fire safety equipment. There was also a system of daily audits in place to ensure quality was monitored on a day to day basis, such as daily audits of the fridge temperatures. Where issues or concerns were identified remedial action was taken.

The registered manager told us they were a member of the Registered Homes Association and regularly attended care home meetings. They also used the Care Quality Commission's update service to ensure they are up to date with the latest best practice. They said they felt supported by the provider, "He is brilliant. He is always at the end of the phone if I need him. We speak three or four times a week, exchange emails and he visits regularly".

The home had a whistle-blowing policy which provided details of external organisations where staff could raise concerns if they felt unable to raise them internally. Staff were aware of different organisations they could contact to raise concerns. For example, staff told us they could approach the local authority or the Care Quality Commission if they felt it was necessary. The staff we spoke with had a clear understanding of their responsibility around reporting poor practice, for example where abuse was suspected.

The registered manager understood their responsibilities and was aware of the need to notify the Care Quality Commission (CQC) of significant events in line with the requirements of the provider's registration. They told us they were supported by the provider who was available to be contacted for advice at any time.