

Salisbury Christian Care Homes (Inwood House) Limited

Inwood House

Inspection report

10 Bellamy Lane
Salisbury
Wiltshire
SP1 2SP

Tel: 01722331980

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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?

Good ●

Summary of findings

Overall summary

Inwood House provides accommodation and personal care for up to 20 older people. At the time of our inspection 19 people were living at Inwood House. The home was last inspected in August 2014 and was found to be meeting all of the standards assessed.

This inspection took place on 8 November 2016 and was unannounced.

There was a registered manager in post at the service. 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.

People who use the service were positive about the care they received and praised the quality of the staff and management. Comments from people included, "Staff are very kind, they do things in the right way", "I feel safe here and that is very important for me" and "The girls are lovely, there's always someone available when you need them".

People told us they felt safe when receiving care and were involved in developing and reviewing their care plans. Systems were in place to protect people from abuse and harm and staff knew how to use them.

Staff understood the needs of the people they were providing care for. People told us staff provided care with kindness and compassion.

Staff were appropriately trained and skilled. They received a thorough induction when they started working at the home. They demonstrated a good understanding of their role and responsibilities. Staff had completed training relevant to their role and people's feedback demonstrated staff put this training into practice.

The service was responsive to people's needs and wishes. People had regular group and individual meetings to provide feedback about their care and there was an effective complaints procedure. One person told us, "I would speak to (the registered manager) if I had a problem, they would sort it out".

The provider regularly assessed and monitored the quality of care provided at Inwood House. Feedback was encouraged and was used to make improvements to 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 who use the service said they felt safe when receiving support.

There were sufficient staff to meet people's needs safely. People felt safe because staff treated them well and responded promptly when they requested support.

Systems were in place to ensure people were protected from abuse. Risks people faced were assessed and action taken to manage the risks.

Is the service effective?

Good ●

The service was effective.

Staff had suitable skills and received training to ensure they could meet the needs of the people they cared for.

People's health needs were assessed and staff supported people to stay healthy. Staff worked well with GPs and community health services to ensure people's health needs were met.

Is the service caring?

Good ●

The service was caring.

People spoke positively about staff and the care they received. This was supported by what we observed.

Care was delivered in a way that took account of people's individual needs and in ways that maximised their independence.

Staff provided care in a way that maintained people's dignity and upheld their rights. People's privacy was protected and they were treated with respect.

Is the service responsive?

Good ●

The service was responsive.

People were supported to make their views known about their care and support. People were involved in planning and reviewing their care.

Staff were supported to put person-centred values into practice in their day to day work.

People told us they knew how to raise any concerns or complaints and were confident that they would be taken seriously.

Is the service well-led?

The service was well led.

There was a strong leadership team who promoted the values of the service, which were focused on providing individual, quality care. There were clear reporting lines from the service through to senior management level.

Systems were in place to review incidents and audit performance, to help identify any themes, trends or lessons to be learned. Quality assurance systems involved people who use the service, their representatives and staff and were used to improve the quality of the service.

Good ●

Inwood House

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 to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 8 November 2016 and was unannounced.

The inspection was completed by one inspector. Before the inspection we reviewed previous inspection reports and all other information we had received about the service, including notifications. Notifications are information about specific important events the service is legally required to send to us. We reviewed the Provider Information Record (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.

During the visit we spoke with the registered manager, five people who use the service and four care staff. 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 spent time observing the way staff interacted with people who use the service and looked at the records relating to support and decision making for four people. We also looked at records about the management of the service. Following the inspection we received feedback from two social care professionals who have contact with the home.

Is the service safe?

Our findings

People said they felt safe living at Inwood House. Comments included "I feel safe here and that is very important for me" and "Oh yes, I should think so. No problems here". During our SOFI (Short Observational Framework for Inspection), we saw people interacting with staff in a confident and open way. People appeared relaxed in the company of staff and did not hesitate to attract their attention if they needed assistance.

Staff had the knowledge and confidence to identify safeguarding concerns and act on them to protect people. They had access to information and guidance about safeguarding to help them identify abuse and respond appropriately if it occurred. Staff told us they had received safeguarding training and we confirmed this from training records. Staff were aware of different types of abuse people may experience and the action they needed to take if they suspected abuse was happening. They said they would report abuse if they were concerned and were confident senior staff in the organisation would listen to them and act on their concerns. Staff were aware of the option to take concerns to agencies outside the service if they felt they were not being dealt with. We saw the service had worked openly with the safeguarding team where any concerns had been raised.

Risk assessments were in place to support people to be as independent as possible, balancing protecting people with supporting people to maintain their freedom. Assessments included details about how to support them to minimise the risk of falls, the risk of malnutrition and dehydration and to stay safe when going out into the community. People had been involved throughout the process where possible to assess and plan management of risks. Staff worked to ensure people maintained their independence where possible, for example, attending church and going out with friends independently. Staff demonstrated a good understanding of people's need and the actions they needed to take to keep people safe.

Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions or whether they have been barred from working with vulnerable people. We checked the records of two recently recruited staff and found the organisation's procedures were followed and staff had been thoroughly checked before starting work.

Sufficient staff were available to support people. People told us there were enough staff to provide support for them when they needed it. Comments included, "There's always someone available when you need them" and "Staff come when I call them". We observed staff responding promptly to requests for assistance and the call bells. Staff told us they were able to provide the care and support people needed. Comments from staff included, "Staffing levels are changed as needed to meet people's needs" and "There are enough staff on each shift to provide the care people need". The registered manager told us staffing levels were kept under review and changed where needed. We saw staffing levels overnight had been increased as a result of people's increased needs.

Medicines held by the home were securely stored and people were supported to take the medicines they had been prescribed. We saw a medicines administration record had been fully completed. This gave details of the medicines people had been supported to take, a record of any medicines people had refused and the reasons for this. There was a record of all medicines received into the home and disposed of. Where people were prescribed 'as required' medicines, there were protocols in place detailing when they should be administered. There was an incident when one person's medicine was not available in the home for two days. The records showed this had been ordered in good time but had not been supplied due to miscommunication between the pharmacist and GP. There were records of staff following this up when the error was discovered to ensure the person received their medicine as soon as possible and to check what the effect of the missed medicine would be. Following this incident, the registered manager had arranged a meeting with the pharmacist, to minimise the risk of this happening again.

Is the service effective?

Our findings

People told us staff understood their needs and provided the support they needed, with comments including, "Staff do things in the right way" and "They always provide the care I need". During our Short Observational Framework for Inspection (SOFI) we saw staff demonstrating a good understanding of people's needs and how to meet them. Staff demonstrated good communication skills and an understanding of people's individual likes and dislikes.

Staff told us they had regular one to one meetings with their line manager to receive support and guidance about their work and to discuss training and development needs. We saw these supervision sessions were recorded and the registered manager had scheduled regular one to one meetings for all staff throughout the year. Staff said they received good support and were also able to raise concerns outside of the formal supervision process. Comments from staff included, "I have regular supervision meetings and feel well supported" and "I get the support I need. (The registered manager) has a good understanding of what is happening in the home".

Staff told us they received regular training to give them the skills to meet people's needs, including a thorough induction and training on meeting people's specific needs. Training courses were provided in a variety of formats, including web based individual courses, classroom sessions, practical instruction and support to complete formal external qualifications. Staff told us the training they attended was useful and was relevant to their role in the home. The service worked with a specialist dementia care consultant to ensure all staff had a good understanding of issues affecting people living with dementia. Staff we spoke with demonstrated a good understanding of people's needs and how to meet them.

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 legally authorised under the MCA. 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 are called the Deprivation of Liberty Safeguards (DoLS).

At the time of the inspection the home had made applications for authorisation to restrict people's liberty under DoLS. The applications had been made for all but one person who lived at the service and were in the process of being assessed by Wiltshire Council. Details of the capacity assessments and DoLS applications were included in people's care records. These demonstrated that staff had considered whether any restrictions were needed to keep people safe and what was the least restrictive way of providing the support people needed. Staff understood the importance of assessing whether a person had capacity to make a specific decision and the process they would follow if the person lacked capacity.

Some people had given others lasting power of attorney (LPA) in relation to either their finances or their care and welfare. This gave them the power to take decisions on behalf of the person if they lacked mental

capacity. The service had obtained details of LPAs where people had them and had ensured relevant decisions were made with the LPA where people lacked capacity to make them.

People told us they enjoyed the food provided by the home and were able to choose meals they liked. Comments included, "I like the food, they cook it well" and "The food is usually very good". We saw people were able to choose to take their meals in their room, the dining room or the conservatory. On the day of our visit, lunch was a relaxed, social occasion, with people chatting during the meal.

People told us they were able to see health professionals where necessary, such as their GP or community nurse. People's support plans described the support they needed to manage their health needs. There was clear information about monitoring for signs of deterioration in their conditions, details of support needed and health staff to be contacted.

Is the service caring?

Our findings

People told us they were treated well and staff were caring. Comments included, "The girls are lovely, there's always someone available when you need them", "Staff are very kind, they do things in the right way" and "The staff are kind". We observed staff interacting with people in a friendly and respectful way in the majority of interactions we saw. Staff respected people's choices and privacy and responded to requests for support. For example, we observed staff providing comfort and reassurance to one person when they were distressed. Although the majority of interactions were good, we did observe two occasions when staff did not work in a person-centred way. On these occasions, staff spoke about the task they needed to do to provide care, rather than involving the person in deciding how they were supported. For example, staff spoke about a person needing to sit in a different chair and whether a person was supported to walk or use a wheelchair without speaking to the person. We discussed these observations with the registered manager, who said they would address these concerns with staff and discuss how it may make people feel when being spoken about in that way.

In addition to speaking with people during the visit, we received feedback from the dementia specialist who facilitated the home's 'Edge on' group. This was a group set up to support people to express their feelings about living in the home and to receive help and support from the group. The dementia specialist told us they found Inwood House to provide a homely and caring service and said there was a "depth of compassion" about the way staff supported people. The dementia specialist spoke with people at one of the 'Edge on' groups about any feedback they would like to provide for the inspection of the service. The feedback from the group was positive, with comments including, "I am very happy living here. We have a certain amount of freedom, so I can come and go and do what I want" and "I find it all very good and the staff are always so patient".

As well as responding to people's requests for support, staff spent time chatting with people and interacting socially. People appeared comfortable in the company of staff and had developed positive relationships with staff. We saw people chatting with staff at various times during the visit. Staff spent time with people on a one to one basis in their rooms. This helped to ensure that people did not become socially isolated.

Staff had recorded important information about people, for example, personal history, plans for the future and important relationships. People's preferences regarding their daily support were recorded. Staff demonstrated a good understanding of what was important to people and how they liked their support to be provided, for example people's preferences for the way staff supported them with their personal care needs. This information was used to ensure people received support in their preferred way.

People were supported to contribute to decisions about their care and were involved wherever possible. For example, people and their relatives had individual meetings with staff to review how their care was going and whether any changes were needed. Details of these reviews and any actions were recorded in people's care plans. People told us staff consulted them about their care plans and their preferences.

Staff received training to ensure they understood the values of the service and how to respect people's

privacy, dignity and rights. This formed part of the core skills expected from staff and was assessed through observation of staff by the management team. People's feedback demonstrated staff put this training into practice and treated them with respect. Staff described how they would ensure people were treated with dignity and their privacy maintained.

Is the service responsive?

Our findings

People had a care plan which was personal to them. The plans included information on maintaining health, daily routines and goals to maintain skills. The plans described what people could do for themselves and what they may need some support with, which helped to maximise people's independence. Care plans set out what people's needs were and how they wanted them to be met. This gave staff access to information which enabled them to provide support in line with people's individual wishes and preferences. The plans were regularly reviewed with people and we saw changes had been made following people's feedback. Staff demonstrated a good understanding of people's needs and how they should be met.

The registered manager told us they had a log of all changes that were made to people's care plans. This was used to keep staff up to date with changes, and was referred to in the daily handover between staff. Staff reported this system worked well and they were always made aware of any changes to people's needs and the way their care should be provided.

People told us they were able to keep in contact with friends and relatives and take part in activities they enjoyed. There was an activity co-ordinator and a programme of planned activities, which included arts and crafts activities, visiting entertainers and religious services. There were weekly local trips into town on market days and to coffee shops and pubs. Bigger trips were organised during the summer, for example to local stately homes, museums and the coast. The programme was designed with input from people who use the service and was regularly reviewed to ensure it met people's needs. People had been supported to set up a weekly coffee morning, to socialise and plan what they would like to do. Following requests from some people, the provider had also set up a weekly Bible study group and a weekly breakfast club. People said they enjoyed the activities available to them, especially going out for a Christmas meal and watching a pantomime at the local theatre. Two people told us the activities co-ordinator had recently supported them to attend their church, which they had greatly enjoyed. In addition to the group activities, staff spent one to one time with people, either chatting or taking part in specific activities. This included supporting people to go out on a one to one basis, for example, one person was supported to visit a family member's grave. This helped to ensure people who did not wish to take part in group activities did not become socially isolated.

People were confident any concerns or complaints they raised would be responded to and action would be taken to address their issue. People told us they knew how to complain and would speak to staff if there was anything they were not happy about. One person commented, "I would speak to (the registered manager) if I had a problem, they would sort it out". The service had a complaints procedure, which was provided to people when they moved in and displayed in the home by the entrance.

Complaints were regularly monitored, to assess whether there were any trends emerging and whether suitable action had been taken to resolve them. Staff were aware of the complaints procedure and how they would address any issues people raised in line with it. Complaints received had been investigated and a response provided to the complainant.

Is the service well-led?

Our findings

There was a registered manager in post at Inwood House and they were available throughout the inspection. In addition to the registered manager, the management team included the directors of the company, a training co-ordinator and a head of care. The registered manager had clear values about the way care should be provided and the service people should receive. These values were based on providing a person centred service in a way that maintained people's dignity and maximised independence. The registered manager demonstrated a willingness to continually learn and to develop their skills and knowledge to keep up to date with current best practice.

The management team held a weekly meeting to address any issues in the service and plan how they were going to be managed. This was also used to ensure time was available for staff training and development and to ensure sufficient staff were available to support the planned activities and events in the service.

Staff had clearly defined roles and understood their responsibilities in ensuring the service met people's needs. There was a clear leadership structure and staff told us managers gave them good support and direction. Comments from staff included, "Management listen to suggestions for improvements and we see changes as a result. (The registered manager) provides good support" and "The home is well managed. There is good communication with all staff and where action is needed, it is taken".

There was a quality assurance process which focused on a different aspect of service delivery each month, including an assessment of the service by the head of care. The registered manager completed regular observations of staff practice. This enabled staff to receive specific feedback about their work and the registered manager to identify any trends or areas for general development in the service. The registered manager also completed reviews of accidents and incidents within the service. This ensured that individual actions had been taken in relation to the person and the specific incident, but also helped to identify any trends in accidents and incidents, for example times when people were more likely to fall.

Information from the reviews was used to develop an action plan to address any shortfalls and to promote best practice through the service. The development plan was reviewed and updated regularly by the registered manager. This ensured actions were implemented where necessary.

There were regular staff meetings, which were used to keep staff up to date and to reinforce the values of the organisation and how they expected staff to work. Staff also reported that they were encouraged to raise any difficulties and the registered manager worked with them to find solutions.

The views of people who use the service were sought through group and individual meetings. Records of these meetings showed people's suggestions were implemented, for example, the introduction of name badges for staff with their first name on. This was introduced as some people had said they found it embarrassing if they couldn't remember the names of staff. The registered manager said a survey of people and other stakeholders had been carried out and they were in the process of collating all the responses. It was planned that the results of the survey and actions that had been taken would be discussed in residents'

meetings and written feedback provided setting out the home's response.