Care Quality Commission

Innova House Health Care Limited

Rowan - Innova House CLD

Inspection report

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Date of inspection visit: 8 October 2015
Date of publication: 28/01/2016

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

Overall summary

This inspection took place on 8 October 2015 and was unannounced.

Innova House Health Care Limited is registered to provide accommodation and care at Rowan – Innova House CLD for to up to 6 adults with learning disabilities. Accommodation is arranged in three bungalows. There were 5 people living there when we visited.

There was a registered manager in post at the time of our inspection, but she was not present at the time of the inspection. 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 were safe and staff followed procedures to keep people safe. The provider used safe systems when new staff were recruited and risks to personal safety were minimised. Also, medicines were managed so that people received them safely as prescribed.

Summary of findings

There were sufficient staff where they were needed to meet people's needs safely. Training was arranged for all staff and seen as essential so that they knew how to meet people's needs fully. Important changes in people's needs were passed on to all staff when they started their shifts, so that they were all aware of the up to date information about any incidents that affected people's needs.

Staff were kind to people and cared about them. Choices were given to people at all times. People had appropriate food and drink and staff supported them individually to keep health appointments so that their health needs were met. We found people's privacy and dignity were respected and all confidential information was respectfully held securely.

Staff assisted people to take part in appropriate daily individual activities at home and in the community. Responses were always given to any complaints or specific requests made.

Regular checks were made on the quality of the service, and the provider monitored all areas of the service though the management systems and reports presented in regular meetings.

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?
The service was safe.

Staff understood what action they needed to take to keep people safe and action was taken to reduce personal risks to people's health and welfare.

People were supported by a sufficient number of staff being deployed in the right places to meet their needs safely at all times. New staff were always thoroughly checked to make sure they could safely work with people at the service.

Medicines were well managed to ensure people received them safely as prescribed.

Good

Is the service effective?
The service was effective.

New staff had a structured induction and all staff received relevant training and information to meet people's needs.

People's rights were protected by the use of the Mental Capacity Act 2005 when needed.

People received enough to eat and drink and they had the support they needed to see their doctor and other health professionals as needed.

Good

Is the service caring?
The service was caring.

People were well cared for and staff showed kindness and compassion in the way they spoke with people.

Independent advocates and relatives represented some people's views when needed.

People's privacy and dignity were promoted by staff.

Good

Is the service responsive?
The service was responsive.

Care was personalised and responsive to people's needs. Activities were available to meet people's preferences.

People's comments were listened to and there was a system in place to respond to any complaint.

Good

Is the service well-led?
The service was well led.

The registered manager was temporarily away from the service, but appropriate management arrangements were in place to lead and support staff.

There were systems in place for staff to discuss their practice and to report any concerns.

The quality of the service was regularly monitored by the provider.

Good

Care Quality Commission

Rowan - Innova House CLD

Detailed findings

Background to this inspection

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

This inspection took place on 8 October 2015 and was unannounced. One inspector visited on this occasion.

Before we visited we reviewed the information we held about the home including notifications. Notifications are events that the provider is required to inform us about by law.

During our visit we spoke with three people living at the service, three care staff, a senior team leader and another senior manager.

We looked at the care plans for three people, medicine records and some other records relating to staffing, accidents and incidents.

Good

Is the service safe?

Our findings

One person told us that they felt safe and had a list of who to tell if they were not happy about their care or had concerns about safety. Another person said they would "Tell [name of a team leader] or another manager at the main office."

Most staff told us that they had been trained in how to safeguard people and they knew how to use the whistle blowing policy. One staff member had not had their full training in this area, but it was planned for the following month. Discussions with staff showed us that they understood what action they needed to take in reporting any concerns they had. There were records to show the training staff had completed and further training planned in safeguarding people. Staff gave us examples of how they had managed situations where people may have been at risk of abuse from others, such as when some people expressed their needs through aggressive behaviour. One of the staff told us, "We try to talk and walk with the person to reassure them and we make sure everyone else is safe." They were trained to use safe methods to manage aggressive behaviour and to call on support from the police if needed to keep people safe.

From our own records we found that the provider had notified us of concerns they had received about people's safety and they had taken appropriate action in referring to the safeguarding authority and investigating as needed to ensure all action was taken to keep people safe.

Staff knew about the plans in place to minimise and manage risks to people. There were assessments of a range of risks within the care plans that we looked at and staff were aware of action they needed to take to support people in various activities safely. The guidance and direction to staff was detailed to cover all potential risks, including when they were out in the community to ensure people could take part in activities safely. Senior staff also told us about regular fire drills and checks on fire fighting equipment. We saw the records of the safety checks carried out. There was also a personal emergency evacuation plan for each person, so they would receive the right support if they needed to leave their bungalow in an emergency.

People told us there were always staff in their bungalows to help them when they needed it. One person said, "They are in the bungalow, but I can do what I want most of the time."

We saw that some people had individual support within their home and out in the community and some people were more independent some times. Staff told us they often worked with the same individual people and knew their needs well. They said they had a computerised application on their mobile phones to remind them when they were on shift. This also gave them notification of when extra staff were needed at the service and they helped by covering a shift when they could. Staff told us they would never leave the service if another staff member had not arrived as they had a duty of care to maintain a staff presence in order to meet people's needs. They said that at night there were always two staff each based in one of the bungalows. People in the third bungalow knew where staff were if help was needed. The provider confirmed these arrangements were based on individual needs and overall there were always enough staff in the complex to attend to people's needs and allow for some independence. It was the responsibility of team leaders to ensure all staff shifts were covered and there was an option to obtain further staff from an agency if they were needed so that people were safe.

There were safe recruitment and selection processes in place. The staff we spoke with told us they had supplied references and undergone checks relating to criminal records before they started work at the service. We saw some records which confirmed that all the required checks were completed before staff began work.

One person told us that staff always made sure they had their medicines when they needed them. Staff said they looked after prescribed medicines for people with their agreement and gave them to them at specified times. We saw that all medicines were stored securely. The creams stored had not been labelled with the date they were opened, but all appeared to be recently prescribed. We saw the medicine administration record (MAR) sheets that were used to record when people had or had not taken their medicines and these were fully completed. All staff had been trained to administer medicines and arrangements were made for a second member of staff to witness administration in order to avoid errors. We saw that appropriate action had been taken when an error with the records had occurred.

Good

Is the service safe?

Some people needed specific medication to help with their anxieties when required (PRN) and we saw there were specific written plans to guide staff about when to offer these medicines, which contributed to keeping people safe. No one needed medicines during our visit.

Good

Is the service effective?

Our findings

One person told us, "The staff are ok and seem to know stuff about what they have to do."

We spoke with staff who gave us examples that showed they were knowledgeable about people's medical and social history as well as how to meet people's current needs. Staff shifts overlapped by 15 minutes so that they had chance to pass on important information to each other about any changes or tasks that were needed, such as contact with other professionals. In this way, all staff had up to date information about any incidents that affected people's needs.

Staff described their training as "Regular and well organised." There was a training plan that summarised training for all staff and clarified where training was needed. This showed that training was organised and gave clear information for the provider to monitor the training needs of staff. New staff had induction training that included five days of shadowing other staff at the service before they worked alone with anyone. New staff told us that more experienced staff and team leaders were very helpful in showing them what was needed and passing on important information. The provider had registered all new staff to undertake the new care certificate. The care c**ertificate** is an identified set of standards that health and social care workers adhere to in their daily working life. Staff who had worked at the service for more than a year told us they felt they had received sufficient training and support to enable them to carry out their roles and meet people's individual needs. They were able to demonstrate how they had learned from their training and experiences. The senior team leader also told us of three monthly checks that were carried out to ensure all staff were carrying out their tasks competently.

Three people told us they made their own decisions about what they did each day. One person showed us their activity programme which detailed their own choices of what they wanted to do.

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 service was working within the principles of the MCA The staff understood how best interest decisions were made using the MCA. We saw that a two stage test was used when needed. The plans were clear about the support that people needed to make some decisions in their best interests.

From discussions with staff, we found they understood the importance of giving people as much choice and freedom as possible. They told us that most people needed support and encouragement to access the community and were accompanied by staff. A team leader told us about applications already made for DoLS and that they were waiting for confirmation about these from the local authority. There were already plans in place for those people that needed close staff supervision to keep them safe.

People had enough appropriate food and drink and were involved in meal preparation. Staff were fully aware of people's individual dietary needs, which were written in the care plans. One person told us in detail of how they planned each meal and undertook their own shopping and meal preparation with staff. Photographs of food were available to help with communication. Another person liked to prepare their own breakfast and snacks, but asked staff to do the cooking. Each person was involved in food shopping at least once a week and had a choice of what to eat and drink. We heard staff discussing with people what they wanted to eat and one person said, "I can have a drink when I want and I make it myself."

People received assistance and encouragement with meeting their health needs. One person told us about visiting their GP with support from staff and also about dental treatment they had received. There was a health action plan for each person. A health action plan is designed to be developed with the person concerned and holds comprehensive information about the person's

Good

Is the service effective?

health needs. People were involved in their health action plans to varying degrees, dependent on their abilities and motivation. Staff told us that when any changes were noticed they took action to contact medical professionals and there were records of this contact.

We saw records of health appointments at GP surgeries and hospitals. A team leader told us they were frequently involved in discussions with various other professionals, including social workers, psychologists and behavioural therapists. They made notes of the advice received and passed information to other staff to ensure people received effective support with their health and welfare.

Good

Is the service caring?

Our findings

People appeared comfortable with the staff we saw on duty during our visit. One person said, “Staff are kind and they help me with things.” Another person said they preferred to get on with their life without staff interfering. A third person named the staff they knew and told us they were “Alright.”

One person told us staff helped them to keep in contact with family members by telephone. Staff said they had contact with the relatives of people by telephone and support was given, if needed, when family members visited people in their bungalows. From our discussions with staff, we found they had knowledge of people’s individual wishes and preferences.

Staff showed kindness and compassion in the way they spoke with people. We heard staff using people’s preferred names at all times and saw appropriate gestures and signs being used when needed to support the spoken words. Some time each week was spent with one person teaching staff a new “sign of the week”. The care staff told us they considered all their colleagues to be very caring. They said they would use the whistle blowing policy and report anyone if they ever saw anything that was uncaring.

In the care plans, we saw some examples of signed agreements about people’s care. Care plans were person-centred and contained information regarding people’s life histories and their preferences. There were plans to promote and increase independence in specific areas and people were involved in planning their futures. Information about advocacy services was available if anyone needed an objective person to speak on their behalf. Family members were involved in meetings to review people’s care, along with the person concerned when this was possible. Advocates had not yet been needed or requested by people.

People’s privacy and dignity were respected and promoted. One person said that all the staff were very polite and always knocked on the bedroom doors before entering. One staff member told us, “We encourage people to close doors and curtains, so other people don’t walk in when they are undressing.” We saw that people were encouraged to take pride in their own bedrooms and keep them clean and tidy. We also saw that all personal information was held securely and treated confidentially by staff. In this way staff were respecting and promoting privacy and dignity with everyone.

Good

Is the service responsive?

Our findings

The service was responsive to people's individual needs and interests. One person said, "Staff help me to do things if I want them to." As we arrived we observed two staff setting out on a pre-planned visit with one person to 'Coronation Street', as that was the person's interest and choice. Some people chose to stay in their own bungalows and enjoyed playing on a computer game there. One person went to local shops with a staff member.

Various other activities were provided and people had a choice of using other facilities. Board games were available within the bungalows and there was an activity centre at a nearby facility owned by the provider and some people told us they had made use of this. One person attended specific art sessions there with staff and another told us of using the facility in the evening with staff and a person from another service.

Staff told us they tried to arrange activities in response to people's interests and choices, but it was difficult to motivate some people due to their anxieties. From discussion with staff we found they were aware of people's individual preferences and we heard some discussion between one person and a staff member about possible trips to go bowling and the local cinema. We saw from a sample of care plans that there was specific information about what people liked and did not like. New staff told us they had been given time to read the care plans when they first started work at the home. Not all parts of the care plans were up to date, as we could see that an address needed adjusting, but staff told us important changes in the information were passed on to all staff during handover meetings. This meant all staff had sufficient information so that they could respond to individual needs.

We informed the senior team leader about the written information that needed updating and arrangements were immediately made for this work to be done. Information in care plans was reviewed by team leaders with the people concerned at least once each month.

One person told us they had requested a further facility of a games room and toilet to be provided at the service using a garage next to one of the bungalows and this was being considered in order to further improve access to activities. There were records of meetings with people who used the service and these showed responses to specific requests. One person had requested to join a swimming group and this had been facilitated.

There were arrangements for people to make complaints. Two people told us they knew they could speak to a senior manager if they had any concerns or complaints or they could tell staff on duty. One person told us about the information they had about who to speak to. The senior team leader told us the complaints information was given to people in a folder when they first moved in and staff had the information in their pack of policies for use when needed.

We found the full complaints policy and procedure was also kept in the office to inform staff. This gave clear information about deadlines for investigation and follow up of any complaint the might be received. One staff told us that they would write down in detail any complaint they received to pass on to the general manager. There were records of responses given when any concerns had been raised and evidence that people were satisfied with the response they received.

Good

Is the service well-led?

Our findings

The registered manager was not currently available, but the manager's role was being covered by the senior team leader who was supported by another registered manager and the general manager on behalf of the provider. They were all based at the head office just less than a mile away from the service. At least one of these was available for advice at all times. A team leader was in charge at the bungalows and the senior team leader visited at regular intervals. They informed us that the management system was due to change within the next few weeks, so that the registered manager would be based permanently at the service within the bungalows' staff office.

We found a positive and inclusive culture was promoted by the provider through the managers and team leaders. The staff were encouraged to develop positive values through their induction, when they shadowed other staff and through discussions in staff supervision meetings with their team leader or manager. Three staff told us they could approach the senior team leader and other managers whenever they wanted to discuss anything. They told us they could voice any concerns about anything in staff meetings and individual supervision meetings. They felt the managers listened to their views and were supportive. There was an on call system so that a manager was always available outside office hours. The people we spoke with knew both the registered manager and senior team leader by their first names and said they liked to see them visiting their bungalows. The senior team leader told us she visited each bungalow each day to make sure everyone was well.

We had received notifications of the incidents that the provider was required by law to tell us about, such as police involvement, injuries and other concerns. We were able to see, from people's records, that positive actions were taken to learn from incidents. There were some files that needed updating following changes that had occurred with people's living arrangements. Some people had changed bungalows and the changes were not reflected in their personal information. The team leader told us the updating would be completed immediately and we were aware that day to day care and support was not affected by this. The main points in care plans had been regularly reviewed by team leaders and we saw that staff kept daily records up to date in people's files.

There was a 'Quality tree' system to seek and act on feedback from people using the service and other persons on the service provided. This involved face to face discussions with people as well as completion of survey questionnaires. We saw a report of comments made when the previous survey was carried out, which confirmed people felt safe and were content with the service. There were no negative comments. Questionnaires had been sent out again on the day before our visit so that the provider could obtain the up to date views of people at the service, their relatives and other interested parties.

We saw there were other systems to make checks and monitor the quality of the service. The manager and senior team leaders carried out weekly audits of incident records and discussed them in their meetings with the full management group. From these checks the actions for improvement were identified and were passed on to the rest of the staff immediately and discussed in more detail in staff meetings which were held every four to six weeks.

The changes planned for the manager to be based in an office next to one of the bungalows was part of a continuous improvement plan and this was aimed to increase the active monitoring of the service on a day to day basis to ensure a high quality of care and support was always provided for people.