

Individual Care Services

Individual Care Services - 2 Laurel Drive

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We inspected this service on 12 November 2018. The inspection was unannounced and carried out by one adult social care inspector. The adult social care lead inspector was joined by a dental inspector who looked in detail at how well the service supported people with their oral health.

The service is a 'care home' operated by Individual Care Services. The service, 2 Laurel Drive, provides accommodation with personal care for up to five adults. People cared for at the home are living with learning disabilities, and complex health and physical disabilities. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time of our inspection visit, there were four people living at the home.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

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.

At the last inspection in February 2016 all five key areas were rated as Good. At this inspection we found, overall, the quality of care had been maintained and people continued to receive a service that was caring, effective and responsive to their needs. Some improvements were required in the safety of the service. The overall rating continues to be Good.

There were enough staff on shift with the appropriate level of skills, experience and support to meet people's needs and provide effective care. Staff knew what action to take in the event of an emergency and had been trained in first aid.

Staff understood their responsibilities to protect people from the risks of abuse. Staff had been trained in what constituted abuse and would raise concerns under the provider's safeguarding policies. The provider checked staff's suitability to deliver care and support during the recruitment process. Staff received training and used their skills, knowledge and experience to provide safe care to people.

Risks of harm or injury to people had, overall, been assessed and management plans were in place. However, plastic door wedges were used by staff to prop open fire doors, some fire doors did not always fully close due to maintenance work having added a plastic strip to a door frame. This posed potential risks to people and improvement was required in relation to the fire safety of the home.

The home was clean and tidy and staff understood how to prevent the risks of cross infection.

The deputy manager had identified some improvements were required to ensure fire safety was maintained at the service. Improvements were due to be completed before the end of November 2018 and included replacement closure devices on some fire doors.

People were encouraged and supported to maintain good health. Staff frequently liaised with other healthcare professionals. People received their prescribed medicines in a safe way.

Staff worked within the principles of the Mental Capacity Act 2005. The registered manager understood their responsibilities under the Act. Four people had authorised deprivation of liberty safeguards (DoLS) in place when their care and support included restrictions in the person's best interests.

Staff supported people in a caring and compassionate way. Relatives described staff as kind in their approach to their family members. People had very limited verbal communication and used gestures and non-verbal communication which staff understood well. People's communication had been assessed so staff knew the appropriate methods to use, which enabled people to express themselves and make choices about day to day things, such as what they wanted to do.

People had detailed individual care and support plans which provided staff with the information they needed to respond to people's needs. Care plans were in the process of being adapted to the provider's new style and accessible information versions were yet to be made available to people. Care was given in a person-centred way. This included people being supported with various activities both inside and outside the home.

The registered manager checked the quality of the service to make sure people's needs were met. Feedback about the service was encouraged.

Further information is in the detailed findings below.

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 not consistently safe.

The provider had not ensured fire safety was consistently maintained in the service. Individual risks to people were assessed and management plans were in place. Staff were safely recruited and protected people from the risks of abuse. People had their prescribed medicines available to them.

Requires Improvement ●

Is the service effective?

The service continued to be Good.

Good ●

Is the service caring?

The service continues to be Good.

Good ●

Is the service responsive?

The service continues to be Good.

Good ●

Is the service well-led?

The service continues to be Good

Good ●

Individual Care Services - 2 Laurel Drive

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 comprehensive inspection took place on 12 November 2018 and was unannounced. One adult social care inspector undertook the inspection visit with a dental inspector.

This service was selected to be part of our national review, looking at the quality of oral health care support for people living in care homes. The inspection team included a dental inspector who looked in detail at how well the service supported people with their oral health. This includes support with oral hygiene and access to dentists. We will publish our national report of our findings and recommendations in 2019.

Prior to our inspection visit, we reviewed the information we held about the service. We reviewed statutory notifications sent to us from the provider. A statutory notification is information about important events which the provider is required to send us by law.

The provider sent us their completed Provider Information Return (PIR), as requested. This is information that 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 used this information to plan out inspection visit.

People were unable to verbally tell us about their experiences of living in the home, so we spent time with them and we observed how their care and support were delivered in the communal areas. This helped us judge whether people's needs were appropriately met and to identify if people experienced good standards of care.

During the inspection visit we spoke with one person's relative, four care staff, the team leader, the deputy manager and the registered manager. The day following our inspection visit, we had telephone conversations with two people's relatives to gain their feedback.

We reviewed two people's care plans, daily records and medicine administration records. We looked at two staff recruitment files for pre-employment checks. We also looked at the management records of the checks the registered manager and provider made to assure themselves people received a safe, effective quality service.

Is the service safe?

Our findings

At this inspection, we found the service provided to people continued to be safe. The rating continues to be Good.

Relatives felt their family member's safety was consistently maintained by staff. One relative told us, "I feel reassured because staff are always there to keep my relative safe." Staff were trained in safeguarding people and understood what constituted abuse and told us they would report any concerns to the registered manager.

The registered manager understood their responsibility to liaise with the local authority and CQC if safeguarding concerns were raised with them. The deputy manager had a log available to record any safeguarding incidents reported, so the progression of these was recorded. There had been no reported incidents so far during 2018.

The provider had a safe system of recruiting staff. Two staff files showed pre-employment checks were undertaken to assess staff's suitability to work at the home. One staff member told us, "I saw the job advertised and had an interview, but I had to wait to start until the managers had my references and criminal record check first."

Risks of harm or injury to people were assessed and individual risk management plans were in place. Staff had a good knowledge of how to maintain people's safety. For example, one staff member told us, "When we put [name] on their bed, we make sure we lower it right down, we put crash mats next to their bed, move their armchair away and place cushions on the crash mat in case they roll out of bed. This way, they won't be hurt at all if they roll out."

People living at the home were unable to move about the home independently and used specialist wheelchairs. One staff member told us, "We must always make sure people's wheelchair lap-belts are fastened. [Name] likes to rock about and would fall out and hurt themselves." Another staff member said, "In the mini bus we make sure people are secure and have safety harnesses and belts fitted."

One person liked to spend time in the kitchen observing staff prepare meals. We saw this person's wheelchair was positioned so they could fully observe staff preparing fresh vegetable soup for teatime, and staff had ensured sufficient space away from items that posed a potential risk of harm to the person in the kitchen.

There were sufficient and suitably trained and experienced staff on shift to people's needs provide effective care. The deputy manager told us, "We are fully staffed, with no staffing vacancies at this home. It's a good, supportive team we have."

There was a fire alarm system in place at the home and regular drills took place. People had Personal Emergency Evacuation Plans (PEEPS) in place which informed staff of the level of support people would

need in the event of an emergency. However, the provider had not considered specialist equipment, such as evacuation mats, that would aid people's evacuation in an emergency. We discussed specialist equipment with the registered manager who agreed evacuation mats would be beneficial to the service and would be purchased.

Prior to our inspection visit, the registered manager and deputy manager had identified some improvements were needed to maintain people's safety in the event of a fire in the home. For example, fire door closure devices had been reported as defective and were due to be replaced. However, during our inspection visit, we identified further issues that required improvement to fire safety in the home. For example, staff were using plastic door wedges to prop open some fire doors so people could easily move about the home. Staff assured us fire doors were only wedged open whilst they were close by and removed them at night. Propping open fire doors with plastic wedges posed potential risks to people which we discussed with the registered manager and deputy manager during our inspection visit. The registered manager assured us the plastic door wedges would be disposed of and staff would be reminded of fire safety. The registered manager told us all fire doors would have magnetic safety holding devices fitted by the end of November 2018.

The deputy manager told us the provider's maintenance staff had fitted plastic strips to door frames to prevent 'wear and tear' damage to door frames. The deputy manager had reported to the provider that the plastic strips on some fire doors, such as the utility room, prevented the fire door from fully closing, which posed a risk in the event of a fire. However, immediate action had not been taken by the provider to address the identified risk. We discussed fire safety with the registered manager and deputy manager, the registered manager told us immediate action would be taken. Following our inspection visit, the registered manager sent us written confirmation stating action had been taken to ensure all fire doors fully closed when the fire alarm sounded.

Staff had received training in first aid and understood what action they should take in the event of an accident or emergency. One person was identified as being 'at high risk of choking' and staff could tell us what first aid action they would take before professional help arrived.

People had their prescribed medicines available to them. Medicines were handled safely by trained staff, who had their competencies assessed by managers. Medicines were stored in a locked cabinet, however, the medicine fridge was not lockable, nor was the allocated room locked. The deputy manager and registered manager told us learning had taken place from a very recent CQC inspection of another of the provider's services and a specialist lockable medicine fridge was being ordered for this service, and would be in place before the end of November 2018. A new door was also to be fitted to ensure the designated room was lockable. This would ensure all medicines were consistently stored securely.

Medicine administration records (MARs) had been completed as required by staff when they supported people to take their medicines. We identified one recording error where one person's new medicine stock had been incorrectly booked in on their medicine records. We discussed this during our inspection visit and the error was rectified. Where medicines were prescribed on an 'as required' basis, there was sufficient information to guide staff in what circumstances they should be given.

The home was clean and tidy. Regular cleaning and staff hygiene practices reduced risks of potential cross infection. Soap dispensers and paper towels were available to use and staff had access to personal protective equipment, such as gloves and aprons, whenever needed.

Accidents and incidents were recorded so that learning could take place when things went wrong. The

deputy manager told us that so far, during 2018, there had been no recorded falls or serious injuries to people in the home. Two incidents had been recorded of one person's feet being caught as their wheelchair was pushed, by staff, through doorways; with either no injury or minor injury. One staff member told us, "[Name] has had velcro straps put onto their wheelchair footplates so we make sure the velcro is secure. A few people have involuntary movements and fling out their arms or legs, so we have to take extra care through confined spaces to make sure people are safe."

Is the service effective?

Our findings

At this inspection, we found staff had the same level of skill, experience and support to enable them to meet people's needs as effectively as we found at the previous inspection visit. The rating continues to be Good.

People's care needs were assessed and detailed plans of care put in place. Healthcare professionals were involved in people's care due to their complex needs.

An induction programme supported new staff in their role. One newly appointed staff member told us, "I started here recently three months ago and had never done hands-on care work. I was really nervous at the start, but my induction was good and working with other staff shadowing them, gave me the confidence I needed."

The registered manager explained the provider had made changes to improve staff training. The improved training programme had been implemented with staff updating their skills knowledge through self-guided on-line sessions and face to face training. In addition to the provider's induction programme, staff completed the Care Certificate during their probationary period. The Care Certificate assesses staff against a specific set of standards. Staff should demonstrate they have the skills, knowledge and behaviours to ensure they provide compassionate and high- quality care and support.

In addition to team meetings, staff had one to one supervision meetings with their manager, where they could discuss issues relating to their work and any developmental needs 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 to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and found staff worked within the principles of the Act. Staff told us they gained people's consent by explaining to them what was happening. One staff member said, "People don't really have verbal communication, so we always tell people what we are doing." The registered manager understood their responsibilities under the MCA. The deputy manager told us four people had an approved DoLS. The deputy manager knew when people should be referred for a 'best interests' meeting under the MCA.

People's nutritional and hydration needs were met. People were supported by staff, in an unrushed and relaxed way, to enjoy their lunchtime meal of fish cakes and chips. People were supported, and offered, drinks frequently. Staff knew which people required additional calories to be added to their meals and which people were encouraged with a healthy balanced diet, with menus based on people's known likes

and dislikes. Staff told us, and records evidenced, people's weight was monitored, so that actions could be taken if changes were observed.

Records were kept, by staff, of people's food and fluid intake as a monitoring tool and each person had a minimum target of fluid intake to be encouraged over each 24-hour period. However, staff had not totalled amounts of fluid drunk by people which meant accurate monitoring was not consistent. The deputy manager and registered manager assured us this would become part of the handover checklist so a total fluid intake was recorded for each person and would enable actions to be taken where a person's intake had, for example, been low during a morning shift.

Staff supported people to access healthcare services. One staff member told us, "We take people to the GP surgery and other healthcare professionals they need to see. We have an appointments book so we ensure we never miss important visits people need." One relative told us, "Staff always inform me of any healthcare appointments my family member has and I always attend those with them as well."

One person's care record showed they often declined oral mouth care from staff. Staff had recorded incidents when this person declined oral care. Staff told us this person had no teeth, so dental decay was not a risk factor. However, hygienist dental visits to check this person's soft tissue gums were healthy had not been taken place. We discussed this with the registered manager, who took immediate action to make an appointment for this person. The registered manager told us an oral care plan would be written to ensure staff had a consistent approach to support this person to maintain healthy gums.

The premises were suitable. The bungalow was purpose-built and met people's care and support needs. People had individual bedrooms and shared communal bathroom facilities. There was a communal lounge and separate dining room, the corridors were wide to allow plenty of space for people's specialist wheelchairs to move about safely in the home.

Is the service caring?

Our findings

At this inspection, we found staff continued to have a caring approach toward people. The rating continues to be Good.

Throughout our inspection visit, people living at the home were relaxed with staff supporting them. People smiled when approached by staff who interacted with them in a positive, caring way. Relatives described staff as 'kind' in their approach toward their family member. One relative described the care given at the home as 'excellent'.

Staff were caring toward people and understood their needs. When one person became anxious and vocalised in a way that told staff they were upset, we saw one staff member heard this person and immediately went to them in their bedroom where they had been listening to music. We saw the staff member kneel down, so they were at the same height as the person sitting in their chair and offer compassionate reassurance. The person immediately calmed and smiled at the staff member. Staff told us they enjoyed their job role and supporting people in their home. One staff member told us, "I always wanted to do this type of work, so am very happy caring for the people here."

Each person's bedroom was personalised with relative photographs and their possessions. Staff told us people's relatives were included in how their family member's bedrooms were decorated.

One relative told us they had been involved in planning their family member's 'weekly activities' based on what they knew they enjoyed. This relative told us, "It's important to us to know our family member is supported with activities and gets out and about, so we helped staff identify what they liked doing." Staff planned activities based on what people liked to do. People had been supported to make poppies to decorate the home's front door, and had been supported to attend the local Armistice Day parade the previous day. One person smiled when staff reminded them about the parade they had watched. One staff member said, "Two people like to have 'bed rest' time in their bedrooms for a few hours in the afternoon after being out doing activities." Another staff member told us, "[Name] enjoys a DVD on in their bedroom in the afternoon."

Staff received training in diversity, equality and inclusion and demonstrated a good understanding about treating people as individuals. Throughout our visit, staff treated people with dignity and respect and could give us examples of how they promoted people's privacy.

Staff encouraged people to do things for themselves and be involved in making choices, as far as people could do so. The deputy manager and team leader told us about one person who liked to select which of their jewellery they wanted to wear for the day and which perfume they would like. The deputy manager told us, "It's a small way in which [name] came be independent and make choices. This is important to them, so we make sure staff support them in this way."

Is the service responsive?

Our findings

At this inspection, we found the service continued to be responsive to people's needs. The rating continues to be Good.

All three relatives spoken with gave us examples of how they were involved with their family member's care. One relative told us, "We've always shared information about [name] with staff, so they have the information they need. [Name] can't verbally tell staff, so we've made sure staff know our family member's likes and dislikes." Another relative told us, "I am always included in their care and support."

Relatives told us they were welcomed by staff when they visited their family member at the home. One relative told us, "I just pop in whenever I wish to, my family member is always well presented, clean and tidy."

The 'Accessible Information Standard' (AIS) aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand and any communication support they need. The registered manager and staff team recognised people's different levels of communication. Detailed communication plans described the way people communicated and how staff should engage with them. For example, one person's care plan told staff to gain eye contact with the person and use short sentences, speaking in a calm and relaxed tone.

The registered manager informed us people's care plans were in the process of being updated and transferred onto the provider's new style format. We saw one person's care plan contained work 'in progress' and the deputy manager explained they were in the process of typing up notes for this person's plan of care. Easy read pictorial care plan versions had not yet been completed for people, however, the registered manager assured us these would be completed as soon as the written new style formats would be in place before the end of 2018.

Staff supported people to attend local events and social activities they enjoyed. One staff member told us, "We have someone come into the home to support people with arts and crafts which they enjoy." People's craft work was displayed in the dining room of the home. During our inspection visit, all four people were supported to go out and tickets were collected for a forthcoming pantomime event, local shops were visited and a fish cake and chips lunch was purchased and brought home, which we saw people enjoyed.

Staff told us people had enjoyed two short holiday breaks during 2018; to Weston-Super-Mare and Chapel St Leonards. The team leader told us people had 'really enjoyed' being together and having a break.

Relatives told us they had no complaints and felt staff were approachable to raise any concerns if they needed to. One relative told us they had been concerned when staff on shift were unable to drive the mini-bus, which meant people's outings were restricted. However, they felt improvement had been made and full use was now made of the home's mini bus. Another relative said, "If I was unhappy about anything at all, I'd speak to staff straight away." The deputy manager told us no complaints had been received during 2018.

Information about how to make a complaint was displayed in the home, though this was in a written format. The registered manager told us they would ensure a pictorial version was displayed and told us they had requested a display board be put up in the entrance hallway of the home.

Some people living at the service were not able to verbally communicate any concerns or complaints they might have. Staff told us they constantly looked for any changes in both people's behaviour or non-verbal communication which might indicate they were unhappy about something. All of the staff told us they would know if anything was upsetting a person because of their vocalisations (verbal noises made by people). One staff member told us, "If [name] cries out, we know something is upsetting them, so can work out what that is and sort it out." Another staff member said, "[Name] can get upset if somewhere is too noisy, so we avoid that or move away if somewhere gets noisy."

The home did not specialise in, or offer, end of life care. However, the registered manager told us that if a person's health deteriorated, they would work with healthcare professionals in line with the person's 'best interests.'

Is the service well-led?

Our findings

At this inspection, we found there continued to be good governance of the service and staff were Well-Led. The rating continues to be Good.

People recognised the registered manager, deputy manager and team leader and we observed positive interactions between them during our inspection visit. Relatives spoken with were happy with the quality of care and support their family members received. One relative described the care service as 'smashing'.

The home was led by the registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 registered manager also managed another home within the provider group and had overall managerial responsibility; line managing a registered manager, for a further two services. The registered manager told us, "I split my week between the four services and am supported by two deputy managers and team leaders in the homes." Staff were positive about the registered manager and told us they were always contactable by telephone if they were not at 2 Laurel Drive. Care staff told us, "The deputy manager or team leader are usually on shift, so we are supported by them on a day to day basis, but the manager is always available as well. They share the on-call so we always have someone to contact for support if needed."

The registered manager told us the provider was in the process of making some changes to their systems and processes. A new electronic database was being introduced as a means of updating the provider's compliance officer about important information that related to the service to ensure a good standard of care was maintained.

Relatives and visitors, that included healthcare professionals, were asked their opinions of the service through questionnaires. One healthcare professional who had visited the service, described the care as 'excellent' and staff as 'professional.' Relatives told us they were 'always asked for their feedback' and had been invited to a 'family day' planned during November 2018 and the deputy manager told us this provided opportunities to gain feedback from relatives.

Throughout our inspection visit, we saw staff checked people were happy with their care, for example asking if they were happy. However, people had not been supported to give any survey feedback, to date, during 2018. For example, using a pictorial format. The registered manager, deputy manager and team leader told us they spent time with both people who lived at the home and because they knew them well, they could determine if they were happy with the services provided. When the deputy manager introduced us to people who lived at the home, they demonstrated they understood people's gestures and non-verbal communication. The deputy manager and team leader interacted with people in a positive way and were involved in their care and support on a day to day basis as well as managerial support for staff. The registered manager told us they would ensure pictorial feedback forms were developed and made available to people before the end of November 2018.

Staff told us they felt supported through their training, team meetings and one to one supervision meetings. One staff member told us, "If I was concerned about anything in the home, I feel the managers would listen to me." Staff described the management team as approachable and supportive toward them.

There was a system of internal audits and checks undertaken within the home to ensure the safety and quality of the service was maintained. For example, regular safety checks were made on hoists and people's individual hoist slings, vehicle safety checks were recorded and home checks such as water temperatures.

The registered manager told us plans were in place to make improvements to some of their current audits, such as medicine audits, to ensure they were more detailed. The deputy manager shared examples of the provider's updated audit forms that were due to be implemented from November 2018.

Overall, the existing checks and audits identified issues where actions were required for improvements. For example, one person's chair padding was damaged and this had been identified and a replacement requested. Some checks had been undertaken informally, for example where the deputy manager had completed delegated audits, there was no recorded evidence of the registered manager's oversight of these. However, with the planned improvements for more detailed audits, the deputy manager and registered manager explained all checks would be recorded in a formal way, so that identified actions and improvements were consistently documented.

It is a legal requirement that the provider's latest CQC inspection report rating is displayed at the service. This is so people, visitors and those seeking information about the service can be informed of our judgements. The provider had displayed the rating in their entrance porch of the home. There was also information about their rating on the provider's website.