

# Innovations Wiltshire Limited

## 1 Stratton Road

### Inspection report

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13 March 2018

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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

1 Stratton Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

1 Stratton Road accommodates three people with learning disabilities and complex needs in one adapted building. At time of our inspection three people were living there. Each person have their own 'flatlet', consisting of a bedroom, kitchen and living area within the home. There is also a communal lounge and kitchen on the ground floor.

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.

The inspection was unannounced and took place on 28 February 2018. We returned on 13 March 2018 to complete the inspection.

The service had 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 our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People told us they felt safe living at 1 Stratton Road. Staff had the knowledge and confidence to identify safeguarding concerns and act on them to protect people. Risk to people's health and safety had been assessed and actions put into place to minimise the risks.

The service promoted people's independence and people were involved in the service, for example with household tasks.

We observed staff interacting with people in a kind and caring manner, involving people in choices around their daily living. There were sufficient staff to meet people's needs and staff were visible at all times. People looked relaxed and comfortable in the company of staff and did not hesitate to seek support and assistance when required.

Staff continued to monitor people's physical and emotional wellbeing and ensured support was in place to meet their changing needs. Each person had a health action plan which described their health care needs. Where necessary, staff contacted health and social care professionals for guidance and support. People's medicines were managed and administered safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

People's support plans were person centred with detailed information specific to each individual, including people's likes, dislikes and preferences.

Staff told us they felt supported in their roles. Staff said they received appropriate training to have the correct knowledge and skills to meet people's needs.

People had access to food and drink throughout the day and were supported to eat their preferred food choices.

The registered manager had systems in place to monitor the quality of the service provided. People and/or their representatives had opportunities to feedback their views on the quality of care.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# 1 Stratton Road

## **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 was a comprehensive inspection which took place on 28 February and 13 March 2018. This inspection was unannounced and completed by one inspector.

Before we visited we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. We reviewed the 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 used a number of different methods to help us understand the experiences of people who use the service. Some people using the service were not able to give us feedback directly about the care they received. During our inspection we looked around the premises and observed the interactions between people using the service and staff. We met and spoke to the three people who were living at the service during our inspection.

We looked at documents that related to people's care and support and the management of the service. We reviewed a range of records which included two care and support plans and daily records, staff training records, staff duty rosters, staff personnel files, policies and procedures and quality monitoring documents.

We spoke with the registered manager, house manager and a support worker. We received feedback from two health and social care professionals who worked alongside the service.

# Is the service safe?

## Our findings

People told us they felt safe living at 1 Stratton Road and appeared happy and relaxed with staff. One person said "I feel very safe" and another said "I do feel safe here."

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 the option to take concerns to agencies outside the service if they felt they were not being dealt with.

When people had accidents, incidents or near misses these were recorded and monitored to look for developing trends. Risk assessments were in place to support people to be as independent as possible. These protected people and supported them to maintain their freedom. Where a risk had been identified, strategies were in place to manage the risk.

Occasionally people became upset, anxious or emotional. Staff had clear guidance on how to support people and what action to take. One person told us they sometimes became upset because of family relationships. They said "I got upset about my family. The carers helped me to come to terms with it."

Staff were readily available to support people. There were sufficient staff to meet people's needs and provide one-to-one support. The registered manager told us they used agency staff at times, but ensured they requested the same staff member for continuity in care.

There were safe medication administration systems in place and people received their medicines when required. Where people were prescribed medicines to be taken 'as required', there were clear procedures in place to inform staff when they should support the person to take the medicine. We reviewed the medicine administration record for people and saw that they were being completed properly and signed by the competent person administering the medicines. People's medicines were regularly reviewed and the registered manager told us they had worked hard to reduce the number of prescribed medicines. They said it had been rewarding to see the change in a person now that they are taking less medicines. It also had a positive impact on the person as there had been a reduction in falls and their emotional well-being had improved.

The service followed safe recruitment practices. Staff files included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults. Records seen confirmed that staff members were entitled to work in the UK. Staff told us that one person enjoyed attending some of the staff interviews to ask a question. This gave them a sense of involvement in choosing prospective new staff.

We found the service to be very clean and homely. Staff were able to explain how standards of cleanliness

were maintained and cleaning schedules were in place to record that all areas of the home were being cleaned. People told us they were encouraged to take part in cleaning, for example dusting and hovering. One person said "We clean the house from top to bottom." Where possible, some people managed their own laundry.

# Is the service effective?

## Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found where people lacked capacity to make specific decisions; associated mental capacity assessments and best interest decisions were in place. The registered manager told us they were planning a best interest meeting for a person around their physical health needs and were closely liaising with the community learning disabilities team. We saw for another person, the service had involved an advocacy service. A person told us, "They [staff] give me choices. They explain the consequences if you make a certain choice, which might not be the best choice."

Care plans contained information on supporting people to make daily choices and decisions about the different aspects of their care. Where required, authorisations for DoLS had been submitted to the appropriate local authority and were kept under review to ensure the care practices remained appropriate and the least restrictive practice.

The service had a proactive approach to respecting people's human rights and promoting independence and inclusion. People were at the heart of the service and staff focussed on what people were able to do, instead of their inabilities. For example, we saw it was recorded what decisions a person was able to make and what other daily living tasks they were able to complete. A person told us staff had supported them with learning new life skills.

People's wishes and preferences had been followed in respect of their care and treatment and these were clearly recorded in their care records. For example one person loved clothing shopping and jewellery. We observed during our inspection that the person had a catalogue of clothes to look through and was wearing their jewellery. Staff told us the person chose what jewellery they wanted to wear.

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. New staff were supported to complete an induction programme before working on their own. We saw that the training was relevant to people's needs, for example, positive approaches to challenging behaviour and personal safety techniques.



Regular meetings were held between staff and their line manager. These meetings were used to discuss progress in the work of staff members; training and development opportunities and other matters relating to the provision of care for people living in the home. These meetings would also be an opportunity to discuss any difficulties or concerns staff had. Staff said they felt supported and could raise any concerns. They felt confident action would be taken where required to resolve any issues.

People had access to health and social care professionals. Records confirmed people had access to a GP, dentist and an optician and could attend appointments when required. People had a health action plan which described the support they needed to stay healthy. We saw that where people had a specific health condition, appropriate referrals were made to professionals. A health and social care professional said "Innovations [provider] ensure that people's physical and mental health needs are met. They are proactive in relation to the changing needs of the individuals and involve others appropriately."

People were supported to have a meal of their choice and told us they took part in the preparation, for example, peeling the potatoes. Staff encouraged healthy eating and were monitoring people's weight where needed. We observed during lunchtime that each person was asked what they wanted to eat and different choices were offered. People had access to food and drink when they wanted it.

# Is the service caring?

## Our findings

People told us they were happy with the support they received. One person said "I think this is the best house. Can't fault the staff. They have given me my life back." Another person commented "I like living here." We observed a person saying to staff "I love you."

People received care and support from staff who knew them well. The relationships between staff and people receiving support demonstrated dignity and respect at all times. People appeared comfortable around staff and sought assistance from staff when needed. We saw in one person's care plan it stated "My left leg is to be raised on my footstall when I am sat down." We observed during the inspection that staff followed the plan. Staff told us they got to know people by talking and spending time with them.

Staff knew people's individual communication skills, abilities and preferences. We saw pictures were used in people's care plans to aid communication and people's preferred way of communication was recorded.

Staff showed concern for people's wellbeing in a caring and meaningful way, and they responded to their needs quickly. We also observed that people were fond of staff. One person said "[Staff member] is leaving. It will break my heart." The person said they were planning a meal out with the staff member when they leave.

People were supported to maintain relationships important to them. People were able to have visitors when they wished to do so and some relatives stayed overnight at times. Staff told us that people were able to speak to family or friends over the phone and they told us about a person who used Skype to stay in touch with their relative.

People lived in a house which reflected their individual preferences. Each person had a 'flatlet' that was personalised with their belongings and decorated to their taste. People had been encouraged and supported to make their bedrooms their own personal space. Each room was individually decorated; there were ornaments and photographs of family and friends, personal furniture and their own pictures on the walls.

There was a range of ways used to make sure people were able to say how they felt about the caring approach of the service. The service completed monthly quality checklists with people to check their satisfaction with the support received, for example checking if staff had been polite and kind and if staff knocked on people's doors before entering. People's views were also sought through care reviews and annual surveys.

## Is the service responsive?

### Our findings

People or their representatives were involved in developing their support plans. Support plans were personalised and detailed daily routines specific to each person. We saw evidence of people's involvement in their care plan. The home manager told us they wrote the support plan in black and blue, with black quotations representing the person's views in their words. Blue quotations represented staff assessment where the person was unable to give a view. Support plans also had detailed guidance around people's physical and mental health needs, for example breathing difficulties and behaviours which could be seen as challenging.

Handover between staff at the start of each shift ensured that important information was shared, acted upon where necessary and recorded to ensure people's progress was monitored. There was constant communication between staff. Health and social care professionals told us the service was very responsive to people's needs. They said "[Registered manager] fights for people's rights. Very responsive" and "In my experience the management and staff team at no1 have always been approachable and responsive to my contact and suggestions."

People had a range of activities they could be involved in. People were able to choose what activities they took part in and suggest other activities they would like to complete. We observed during the inspection that staff supported people with activities. People were able to maintain hobbies and interests and staff provided support as required. One person said, "They [staff] keep me very busy." People told us they enjoyed activities such as line dancing, going shopping and playing bingo. The service enabled people have meaningful activities, and supported them to socialise and access community facilities.

People were empowered to make choices and have as much control and independence as possible. Some people had complex mental health needs and a health and social care professional told us the service was exceptional in supporting people with these. The registered manager also told us about a person who had been in various other placements; however, the work staff had done with this person meant they had settled well. For another person we saw recorded "[Person] had gradually more settled presentation in terms of her mental health and behaviour since being with Innovation. Correct staffing levels, appropriate environment and good levels of meaningful engagement are all positive contributors to this."

Staff told us the provider was very person centred, looking at outcomes for individuals. A staff member said "People are very much involved. It's their homes." We observed during our inspection that staff asked people what they wanted to do and supported them with their chosen activity, for example if a person wanted to go shopping, staff ensured there was enough staff cover, to be able to take the person.

Complaints and concerns were taken seriously and used as an opportunity to improve the service. There had been no complaints since our last inspection. People told us they would raise any issues with staff and one person said they knew where to find the registered manager. The registered manager told us the provider was developing a service user handbook with pictures to provide information to people and their representatives, including how to make a complaint.

The service was not currently supporting anybody with end of life care. We asked if people's end of life wishes had been discussed as care records did not reflect this. The registered manager told us this was an area that had not been addressed yet due to people's understanding of the subject. They were due to discuss people's end of life wishes with them and/or their representatives.

## Is the service well-led?

### Our findings

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 registered manager was supported by a house manager.

People and staff spoke positively about the management team. A person said, "Can't fault [registered manager] and [house manager]. They are both brilliant." Comments from staff included, "I [staff] work closely with [registered manager]. He is really good" and "The best bit about the service is the care, but also the support I get from management."

The management team continued to have a clear vision and strategy for delivering high quality care and support. The registered manager told us they also had individual visions for people and that they were continuously striving to promote people's mental health. The registered manager spoke passionately about people and their achievements. They said "[Person] is doing fantastic. Aiming to plan a holiday next" and "[Person] has settled well, considering they had been in various other placements."

The service had an open and transparent culture and were always looking for new ways of working. The registered manager told us the provider was looking at introducing mock inspections, which would focus on all the CQC key lines of enquiries, to ensure regulations and standards were met.

The provider had systems in place to monitor the quality of the service and identify areas of improvement. We saw records of audits covering areas such as infection control, fire safety, the safe management of medicines and care planning. The service had developed an action plan following the completion of their audits. The plan highlighted areas of improvement, actions required to resolve or accomplish these areas and an agreed timescale. As part of the quality assurance systems, the registered manager also completed a monthly check to see if people's outcomes had been achieved.

The service worked in partnership with other agencies to ensure people received appropriate support and consistent care. The service worked closely with people's health professionals to ensure they shared relevant information and sought appropriate guidance to maintain people's health and well-being. A health and social care professional told us the service's multi-disciplinary working was excellent.

Although there had not been any notifiable events since our last inspection the registered manager remained knowledgeable about which events were reportable to CQC. We use this information to monitor the service and ensure they responded appropriately to keep people safe.