

Innovations Wiltshire Limited

# Innovations Wiltshire Limited - Pelham Court

## Inspection report

Pelham Court  
London Road  
Marlborough  
Wiltshire  
SN8 2AG

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Tel: 01672514339

Website: [www.innovationswiltshireltd.co.uk](http://www.innovationswiltshireltd.co.uk)

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Good 

# Summary of findings

## Overall summary

Innovations Wiltshire Limited – Pelham Court is a domiciliary care agency providing personal care and support to people living in their own homes in Marlborough and surrounding towns and villages. At time of our inspection 50 people were using the service.

This was the service's first rated inspection since a change in their registration on 2 September 2016.

This inspection took place on 24 May 2017. This was an announced inspection which meant the provider was given notice before we visited. This was because the location provides a home care service. We wanted to make sure the registered manager, or someone who could act on their behalf, would be available to support our inspection.

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 2008 and associated Regulations about how the service is run.

Speaking with people and relatives they told us they would recommend Innovations Wiltshire Limited – Pelham Court to others. People and their relatives were complimentary about the service received. Comments included "They are delightful. It is a very good company", "They are an excellent bunch of people. I know them well. They are very caring and thorough" and "It's a good service, very satisfactory".

People told us they didn't always know what time and which carer was due to visit. They said a weekly schedule of care would be useful.

We found systems for the administering of medicines were not always safe. Staff did not have sufficient information about people's prescribed medicines and there were no protocols in place for medicines to be taken 'as required'. The registered manager told us they had started to implement a safer system since our inspection.

People told us they felt safe when carers visited their homes. Staff had the knowledge and confidence to identify safeguarding concerns and act on them to protect people.

Staff had a good understanding of the principles of the Mental Capacity Act (2005). The service asked for people's consent to care and support in their own homes, before commencing the care. Staff understood the importance of giving people choice and supporting decision making.

Staff understood the needs of the people they were providing care for. Staff were appropriately trained and skilled. They received a thorough induction when they started working for the service and demonstrated a good understanding of their role and responsibilities. Staff had completed training to ensure the care and

support provided to people was safe and effective to meet their needs.

The service was responsive to people's needs and wishes. People said they had no complaints about the service they received, however they knew who to contact if they did have a complaint. People felt there was always someone in the office they could talk to and they also had the contact numbers for the out of office hours, in case of an emergency.

The provider regularly assessed and monitored the quality of the service provided. Feedback from people and their relatives was encouraged and was used to make improvements to the service.

Staff told us they felt supported by the registered manager. The registered manager was accessible and any concerns raised would be dealt with immediately.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

People told us they felt safe receiving care and support from staff. Staff knew what action to take to protect people from potential harm and abuse.

Systems to support people with their medicines were not always clear.

The provider had checked the suitability and fitness of staff employed to work for the service. Safe recruitment practices were followed.

### 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 included in their care plans and staff supported people to stay healthy.

Staff understood whether people were able to consent to their care and were aware of action they needed to take where people did not have capacity to consent.

### Is the service caring?

**Good** ●

The service was caring.

People spoke positively about staff and the care they received.

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

Staff treated people with dignity and respect and their privacy was protected.

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive.

People spoke positively of the service and the flexible way they felt they were supported with their care.

Peoples care records explained how to support people to meet their care needs. However, did not give sufficient detail as to people's preferences.

There were systems in place to seek the views of people. This information was used to improve the service. People knew how to make a complaint or raise a concern.

### **Is the service well-led?**

**Good** ●

The service was well-led.

The registered manager continuously strived to improve the service and make more community links to benefit the people using the service.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the service.

Staff told us they felt supported by the registered manager and they were available and accessible for advice at any time.

# Innovations Wiltshire Limited - Pelham Court

## **Detailed findings**

### Background to this inspection

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

This inspection took place on 24 May 2017 and was announced. The provider was given notice because the location provides a domiciliary care service. We wanted to make sure the registered manager, or someone who could act on their behalf, would be available to support our inspection.

The inspection was completed by one inspector.

Before the inspection, we reviewed all of the information we hold about the service, including notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us.

As part of the inspection we spoke with five people who used the service, four relatives, the registered manager and two members of care staff. We looked at the records relating to care and decision making for four people. We also looked at records about the management of the service.

# Is the service safe?

## Our findings

Systems to support people with their medicines were not always clear. It was not always recorded what action was needed to support people with medicines that were prescribed to be taken 'as required'. Medicines administration records had limited information about the medicines, for example no dosage, route or times to be taken which could result in people not receiving their medicines as prescribed. There were no protocols in place for medicines to be taken 'as required'. During our inspection the registered manager told us they had already identified this as an issue and they were due to introduce a new system of medicines management. Since our inspection the registered manager had started implementing these changes.

People told us they felt safe when carers visited their home. Comments included "Off course I do", "Yes, I feel safe", "Oh yes, definitely" and "Yes, they make sure I am safe in the shower". They said staff usually arrived on time but they did not always know which carer was coming. Speaking with relatives they said it would be useful for their family member to have a schedule of care so they knew which carer to expect. One relative told us their family member had memory loss and a schedule would provide them with reassurance.

Staff said they felt there were sufficient staff to make the visits necessary and provide the care people needed. Staff said they had enough time allocated to them to travel between appointments. However, people and their relatives told us they weren't always informed when a carer was running late. One person said "No, they don't often let me know if they are late" and another said "That is a bone of contention. They cover a large area by car. They do their best but don't often let me know when they are late".

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. For example one person had a moving and handling risk assessment and plan because of their reduced mobility. A hoist was in place to support the person to transfer safely. However, we found that for some people there had been incidents, such as choking or falling where associated risk assessments had not been completed. We raised this with the registered manager who told us the information about the risk of choking was available in the person's care plan, however they would ensure the relevant risk assessments were completed. Following the inspection the registered manager sent us evidence of an updated risk assessment for the choking incident.

People involved in accidents and incidents were supported to stay safe and action had been taken to prevent further injury or harm. We saw incidents and accidents were recorded as well as any action needed to prevent a reoccurrence. For example we saw an incident recorded where a person almost fell forward from their shower chair. Staff reported this to the registered manager who made a referral to an occupational therapist.

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 any abuse and were confident the registered manager 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.

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 three staff employed by the service. These showed that staff were thoroughly checked before they started providing care to people.

There were arrangements in place to deal with emergencies. Staff confirmed there was an on call system in place and that senior carers were also included in the rota. This enabled staff to receive support and guidance out of office hours if required. The service had an emergency plan to deal with situations that could prevent them providing care to people, for example due to adverse weather or significant staff absence due to sickness.



## 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 legally authorised under the MCA. For people receiving care in their own home, this is an Order from the Court of Protection. The registered manager told us this did not apply to anyone receiving a service at present.

Speaking with staff they showed a good understanding of the principles of the MCA. They explained that when a person wasn't able to make their needs known, it was important to support them with decision making by giving them all the information needed and choices. For example they would not assume a person cannot choose their own clothing, but they would show them two different outfits to support decision making. We also saw evidence that people consented to their care and support at home. Where people lacked mental capacity to consent, for example to managing their finances, we saw associated mental capacity assessments were in place. People told us staff asked for their permission before providing any support.

Some people had given others lasting power of attorney (LPA) in relation to either their finances or their health and welfare. This gave them the power to take decisions on behalf of the person if they lacked mental capacity. We found the service did not have all the details of where a person had a LPA and this was not consistently recorded in people's care records. We saw in one person's care records it stated the wife had power of attorney, however there was no detail of which LPA and if the registered manager had seen a copy of the LPA. The registered manager told us they had asked for the information, but people had not been forthcoming in providing the details. This meant that decisions could be made in people's best interest where they did not have the legal right to do so. The registered manager told us they requested to see a copy of the LPA for all new people using the service. They would continue to request details of outstanding LPA's.

People and their relatives spoke positively about staff and told us they were skilled to meet their needs. Comments included: "Oh yes, I'm sure they do", "The majority are very good" and "They are most experienced". Some people told us they did not feel that all carers were mature enough to provide the care. One person said some lacked "life experience" and they had raised this with the registered manager. This carer was no longer visiting them.

People's needs were met by staff who had access to the training they needed. Staff had received training which included; health and safety, dementia, safeguarding of vulnerable adults and first aid. Staff we spoke with were working towards qualifications appropriate to their role. Staff told us they had the training they needed to meet people's needs. One staff member said they were also qualified as a masseuse and they were discussing with the registered manager how they could use their skills in providing this service to people to enhance their emotional well-being. Staff received good practice monitoring three monthly to ensure best practice, for example to demonstrate hoisting technique or medicines competency.

New staff were supported to complete an induction programme before working on their own. Induction records were in place which showed that new staff had been supported to understand their role, complete required training and spent a period of time shadowing an experienced member of staff. Staff told us their induction had been good and thorough.

Staff told us they had regular meetings with their line manager to receive support and guidance about their work and to discuss training and development needs. Staff said they received good support and were also able to raise concerns outside of the formal supervision process at any time. They said the registered manager was very accessible and always made time to discuss issues with them. During the inspection we observed staff calling into the office to discuss issues or collect equipment.

Where people were assisted with meal preparation, they were given a choice. Staff told us some people had microwave meals and some preferred to have their meal cooked from fresh. Staff said where people could not make an informed choice, they would show them two choices of a meal.

People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals. One person told us he collapsed and the carer stayed with him until another carer was called to support him. The carer informed the office and asked a GP to visit. The person said "It was real team work". We saw that when needed, necessary referrals were made to occupational therapists, documenting the recommended moving and handling method for a particular person.

## Is the service caring?

### Our findings

People told us they were happy with the care they received. Comments included "They are delightful. It is a very good company", "They are an excellent bunch of people. I know them well. They are very caring and thorough" and "It's a good service, very satisfactory".

Speaking with relatives they spoke positively about the care their family member was receiving. One person said "I have no complaints, they served my wife very well and are now supporting me" and another relative said "We couldn't be more pleased". All people and relatives we spoke with said they would recommend the service to others.

People received care and support from staff who had got to know them well. People usually had a small group of care staff visiting them, ensuring continuity in care where possible. The relationships between staff and people receiving support demonstrated dignity and respect at all times. Staff told us they would always ensure people's dignity was respected by closing the door and curtains and covering people during personal care. Where staff used a key code system to enter people's homes, they always announced their arrival. One relative said "Staff always call out gently".

People's care was not rushed enabling staff to spend quality time with them. At times, when staff finished providing care earlier than the allocated time, they would ask if there was anything else needed. People said staff showed an interest in their lives and would talk to them about things that interested them. One person told us the carers told him how much they loved the job. He said "They always stop to have a chat. Give me all the gossip and keep me in touch with what is happening".

Staff showed concern for people's wellbeing in a caring and meaningful way, and they responded to their needs quickly. Staff told us they always watched out for people's emotional well-being and if they were feeling down, they would report it back to the office. A relative also told us staff would record any concerns in a communication book, so when the relative visited they would have an update of how their family member had been. One relative told us the carers had made a big difference to their family member, who had a complex health condition. They said their family member could become a little aggressive and be non-compliant to care at times, however the carers come in with a positive fun attitude, which the family member responded well too.

Staff knew people's individual communication skills, abilities and preferences. 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. People's views were sought through care reviews and annual surveys.

Staff told us that people were encouraged to be as independent as possible. For example they told us they would give the flannel to a person and encourage them to do what they can and then support with tasks the person was unable to complete. They said "We try to keep people in their own homes for as long as possible". Speaking with people they confirmed this. One person said "They encourage me as far as possible".

## Is the service responsive?

### Our findings

People or their relatives were involved in developing their care, support and treatment plans. They told us the registered manager had visited them when they first started. Care plans were comprehensive, covering areas such as personal care, communication, mobility, eating and drinking. We found however that care plans were not always person centred but more task orientated. For example "Go in and assist X [person] with personal care. The main purpose of the visit is to support X to have a shower and to dress" and "Assist with breakfast and medication". There were no details of how the person preferred to have their care done or if they preferred a male or female carer.

The registered manager told us information about people's preferences were sought but not all people wanted to share the information. As part of a person centred approach, they respected people's privacy. They also told us at time of our inspection they only had female carers and people were made aware of that during their initial enquiry. They had however since our inspection identified two people who had shown an interest in having a male carer. As a response to that, the service had now employed a male carer to support with day trips and social visits.

We also found there was limited information about people's backgrounds and social history. Care plans did not include information on people's specific wishes, preferences, likes or dislikes around aspects of their life other than personal care. Whilst care plans detailed what people's preferences regarding their daily routine for example, personal care and timing of their meals there was little or no information on people's preferred food, hobbies and interests. The registered manager said they would always ask people about their preferences, but not all people were forthcoming with the information. The registered manager told us they supported people to access the local community. For example trips to numerous organised events such as the memory café, garden centre, art clubs and singing for the brain. The service liaised with the GP care coordinators for access to local day centres. The registered manager told us staff were always looking for signs of isolation, and where they identified this was affecting a client, they sought help from outside agencies such as Alzheimer's support and Age concern.

People's needs were reviewed regularly and as required. Staff told us any change was communicated to staff with a text message or through using WhatsApp (a mobile messaging service for exchanging messages), which meant they could respond quickly to any change in people's needs. The registered manager and senior staff had a meeting once a week to communicate what had happened over the weekend or if any changes had occurred. People told us the service was responsive, for example one person said they had asked if they could have their calls earlier, which had been arranged. Another said "I sometimes have to vary my times if I want to go out. They are always very accommodating"

Staff completed a daily record for people after each visit and recorded information on the support given. This included information on a person's emotional well-being during the visit and actions taken by staff when concerns were identified. For example during a visit staff saw a person appeared low in mood. They sat down with the person to have a chat and a cup of tea.

People said they were confident any concerns or complaints they raised would be responded to and action would be taken to address their issue. The registered manager told us the service had a complaints procedure, which was provided to people when they started using the service. We saw the complaints procedure with contact numbers was included in people's service user guide.

Staff were aware of the complaints procedure and how they would address any issues people raised. People said they had no complaints about the service they received, however they knew who to contact if they did have a complaint. People felt there was always someone in the office they could talk to and they also had contact telephone numbers out of office hours, in case of an emergency. One person said they recently raised a concern about a member of staff and the registered manager responded immediately. The member of staff no longer attends to them. Another person said "X [manager] rang me the other day to check if I was happy. You can't do any better than that. Any problems and I would go right to the top, but I have no cause for concern".

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# Is the service well-led?

## Our findings

The service had a registered manager in post who was responsible for the day to day running of the service. The registered manager was supported by an administrator in the office and both the registered manager and administrator had the necessary training to provide hands on care. The registered manager told us they regularly worked alongside other staff.

Staff told us they felt supported by the registered manager. They said the registered manager was approachable. Comments included "I am very pleased and feel supported" and "Management is very good if you have a problem". We observed staff dropping in and out of the office during our inspection, either to talk to the registered manager or collect equipment. The registered manager told us they encouraged staff to come in during their breaks and would make cakes or ready meals. They told us it was important to keep up staff morale.

Speaking with people they told us Innovations Wiltshire – Pelham Court was a well-run service. They said "X [manager] runs it extremely well" and "As far as I know, the service is well-managed". There was open communication between the office and people using the service. People told us they regularly received a call from the office and if they needed to change anything to their care arrangements, their wishes would be respected. One improvement people told us would be beneficial was if they had a care schedule, telling them which carer was coming at what time.

The registered manager told us one of their biggest challenges was to recruit and retain suitable staff. They said they had an amazing team who try really hard and they wanted to make sure they stayed. They were looking at ways how this could be achieved, for example planning to increase staff pay.

The service worked in partnership with other agencies such as Prospect Hospice, community nursing team, physiotherapists and occupational therapists. They had a weekly meeting about people on a re-ablement service to discuss if people's objectives were met and discussed their support plans.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the service. The provider carried out three monthly audits such as medicines and staff training. Audits identified areas for improvement and how they could be achieved. For example, a shortfall had been identified in the administration of medicines. The results of the audit were used to develop an action plan for the service. Since our inspection the registered manager had sent us information of the improvements they had started implementing.

Surveys were sent out annually to get people and relatives' views of the quality of the care. Comments from the 2016 quality assurance stated "Good service, could be more prompt on times" and "I think your staff are really admirable. My mother is so much happier, healthier and settled than before she accepted carers. It was a big step for her". We saw that one person raised an issue about wanting earlier calls, which was arranged. The registered manager also told us to ensure a quality service, they did not offer 15 minute calls. The minimum would be 30 minutes.

The registered manager had made links with the local community and was keen on improving and building relationships with agencies in the community. For example the registered manager told us many people were not able to leave their homes without support, increasing the risk of social isolation. The registered manager had a vision of liaising with the Town Council to see if they could incorporate the lunch club for Mums and toddlers with older people who were lonely. This would mean people would have the chance to integrate more with the local community.

The registered manager also had close links with the Marlborough Alzheimer's Action Alliance and felt passionate about dementia care and mental health. They were recently involved in dementia awareness week and had invited 8 people to the cinema for dementia awareness.