Innova House Health Care Limited

Innova House -CBIR

Inspection report

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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?	Good
Is the service well-led?	Requires Improvement

Overall summary

This inspection took place on 3 and 4 February 2015 and was unannounced. At the last inspection on 12 November 2013, there were breaches of regulations relating to meeting people's needs with food and drink, and staff training. Improvements had been made to meet the relevant requirements, but this inspection found there were further improvements for the provider to make.

Innova House –CBIR provides accommodation and personal care for up to 15 people who have complex needs as a result of brain injury. There were 14 people there when we visited. The premises were fully accessible to wheelchair users.

There was a registered manager, who was available on both days of this inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

Summary of findings

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.

Medicines were not all managed safely and people could not be sure they were receiving them as prescribed by a doctor.Systems were in place for staff to identify and manage risks and respond to accidents and incidents. Sufficient staff were on duty to meet people's needs and they were recruited through safe recruitment practices.

People's rights were protected under the Mental Capacity Act 2005, though further clarification was needed regarding medicines. Staff received appropriate induction, training and supervision.

People received sufficient to eat and drink and external professionals were involved in people's health care as appropriate.

Staff were kind to people and treated them as individuals. People were involved in their own care and their privacy and dignity were always respected and promoted.

Activities were available in the home and work was ongoing to extend the support for people to follow their own interests or hobbies further.

There were systems in place to monitor and improve the quality of the service provided, but these were not always effective. There was, though, a system to seek and act on feedback from people about the quality of the service provided. Arrangements were in place at all times to lead and support the staff group.

We found the service was in breach of two of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and corresponding Regulations 2014 in relation to the management of medicines and good governance. You can see what action we told the provider to take at the back of the full version of this report.

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 not consistently safe.

People were not all receiving their medicines safely as prescribed by a doctor and staff did not always follow safe procedures when giving people their medicines

There were enough appropriate staff available who knew how to keep people safe from harm.

Risks to people's health and safety were assessed and appropriate action was taken to keep individual people safe, whilst they were receiving care. However, some checks on safety in the premises had recently been missed.

Requires Improvement

Is the service effective?
The service was effective.

People were cared for by staff who received appropriate induction and regular training to refresh and extend their skills.

People's mental capacity was assessed and their care was managed in line with current legislation and guidance.

People had appropriate food and drink and received support to meet their individual health needs.

Good

Is the service caring?
The service was caring.

Staff were kind to people and treated them as individuals.

People were involved in their own care and were given choices at all times.

People's privacy and dignity were always respected and promoted.

Good

Is the service responsive?
The service was responsive.

People were supported by staff who were aware of how to respond and meet their individual care needs.

People enjoyed the activities that were available in the home and more work was taking place to extend the support for people to follow their own interests or hobbies further.

Opportunities were given to people to express any concerns or complaint.

Good

Is the service well-led?
The service was not consistently well led.

Requires Improvement

Summary of findings

Systems were in place for the registered manager to monitor and audit the quality of the service provided. However, not all areas of the service were checked regularly and the registered manager was not aware of some of the care practices staff were using regarding medicines.

There was a system to seek and act on feedback from people about the quality of the service provided and arrangements were in place to lead and support the staff group.

Innova House -CBIR

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 unannounced inspection took place on 3 and 4 February 2015 and was carried out by one inspector.

Before our inspection, we reviewed all the information we hold about the service, including the notifications we had received about incidents. A notification is information about important events which the provider is required to send us by law.

During the visit we spent time observing and talking with people using the service, talking with staff, and reviewing records. We spoke with six people who used the service, one visitor, a domestic staff member, a cook, three care staff, the manager and a visiting health professional. We looked at the relevant parts of the care records of four people, the recruitment records of three care staff and other records relating to the management of the home.

Requires Improvement

Is the service safe?

Our findings

Two people told us the staff looked after medicines for them and brought them to them usually after meals. One person said, "Sometimes I'm having my lunch when they bring my tablets and other times I'm in my room. They usually find me." Another person requested pain relief during the morning, but was asked if they would wait until other medicines were administered after lunch. They agreed they could wait, though this meant the pain relief was not made available when it was needed. One of the staff told us they regularly administered medicines. They had received training and their competence was checked by the manager to ensure they did it correctly before they were fully responsible for medicines. Another staff member told us they were not so experienced and were not allowed to do the medicines round alone. It was usual practice for a team leader and another staff member to work together.

However, we saw that staff did not always follow safe procedures when giving people their medicines. We saw that all medicines were held securely in a locked room and taken round to people using a specially designed, lockable medicine trolley. We observed people receiving their medicines, which were prepared by one staff member and taken to each person by the second staff member, whilst the first stayed with the trolley. Neither of the staff were consulting the medicine administration record (MAR) sheets, as they had left them behind. The use of the MAR is important as it lists the current medicines and thus represents an accurate record of what is prescribed for each person. Staff said they knew which medicines to give to each person. However, they did not offer pain relief and we reminded them that one person had requested paracetamol earlier and it had been prescribed for use when needed. The person themselves again requested this and it was finally given.

After the staff had completed giving lunchtime medicines, we saw that they returned to the storage room to complete the record sheets from memory. Later, we looked at these records and saw that one person had not had their lunchtime medicines and staff said that this was because they were out with their family. The record also showed that another person had missed taking a muscle relaxer as they were out on two evenings in the last week. Staff did not know of any procedure for people taking medicines when they were away from the service. We also noted that another person had not been given their eye drops regularly. These were prescribed for four times each day, but had been missed on some occasions including the time that we were observing.

One person refused to take their lunchtime medicine and staff told us they had already refused during the morning. Staff said that they would offer it one more time and then it would be given covertly, so that the person would not know they were taking it. Later staff told us it had been refused a third time and they used a tool to crush all the different medicines together to put into some yogurt. We were concerned about how safe it would be for these medicines to be given in this way. The method of how to give them covertly had not been clarified by a GP. Staff reported that the person had refused to eat the yogurt and therefore did not ingest any of the medicines. We saw one record that showed the GP had made some changes to prescribed medicines, but staff had not updated the care plan and also information with the MAR sheets was not appropriate. These practices meant that people were not protected against the risks associated with medicines.

We discussed our concerns with the registered manager, who was not previously aware that staff were not following safe procedures. We looked at the medication policy, which stated that covert medicines "Can only be agreed by the decision maker at a Best Interests Review". There were also some directions to staff to offer medicines on three occasions before considering giving them covertly. However, although a meeting had previously taken place, there was no direction in the care plan or within the MAR sheet about how these medicines should be prepared and given safely. The manager immediately started to rewrite the medicine plan for this person and also planned to make contact with the GP and pharmacist for more guidance.

These issues meant that the provider was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

From our discussions with staff we were assured that they knew about the risks of abuse and how to keep people safe. They had received training on safeguarding people during their induction and had information about who to contact if they were concerned that someone was being abused. There were records to show that all staff had

Requires Improvement

Is the service safe?

completed this training and refresher courses. Two staff gave us examples of how they used their training and this showed us that they understood what action they needed to take in reporting any concerns.

One person told us, "I'm safe here. I trust the staff – the way they use the hoist." We saw that people had their own individually designed chairs to meet their needs. Bedrooms and bathrooms had appropriate equipment for moving people safely. We saw examples of risk assessments in people's care plans. These covered potential risks including those involved in assisting people to move, the use of bed rails, the risk of developing pressure ulcers and risks associated with people's anxieties and behaviours. There were plans that took account of these risks and how to reduce risks to people's safety. We saw records of incidents that included an analysis of how each incident had occurred and the action taken to prevent any recurrence.

Environmental risks to all people on the premises were also assessed and we saw records of these. However, weekly checks on the fire alarm and fire extinguishers had not been carried out for the previous two weeks. This was because the person responsible had been away from work for that time and no one else was nominated to cover this responsibility. This meant there had been potential risks to people's safety, but this was not on-going. Staff reported they had regular evacuation practices and were aware of their roles in the event of a fire. There were plans to ensure people had the support they needed in this event to help them to safety.

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. The registered manager was pursuing further references for new staff and records were maintained of all checks on the fitness of staff, including health. This showed that people were protected against the risk of receiving support from staff who were unsuitable for their role.

People told us that there were always staff in the building to attend to their needs and they rarely had to wait long for assistance. The number of care staff on duty was based on people's dependency needs. There were more care staff available for when people needed individual support to keep them safe or when they needed to attend medical appointments. Staff told us it was sometimes difficult when staff were off sick, but some staff would always do extra shifts and there were also arrangements for staff from the provider's other services to cover some shifts when needed. In this way the provider always ensured there were enough staff to keep people safe.

Good

Is the service effective?

Our findings

During our previous inspection on 12 November 2013 we found the provider was in breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, as staff did not receive the support they needed in relation to their responsibilities to enable them to deliver care safely and to an appropriate standard. The provider sent us an action plan and told us, "The policy and procedure for induction and training has been revised and a new training format supported by the local college has been put in place."

During this inspection we saw there was a clear training plan to show the training each staff member had undertaken and when further refresher training was needed. A new staff member told us they had recently completed their induction training. They told us that the training they had received had been very good and they felt well prepared to carry out their tasks.

Another staff member told us they had completed all their basic care courses and additional courses on autism and brain injuries. They had also been trained in behaviour management. Staff told us, "The training is good, but we have to do all training in our own time." Some staff had additional training from district nurses so that they could deal with using a percutaneous endoscopic gastrostomy (PEG) feeding tube. Staff told us they discussed their training needs with team leaders in their individual meetings. These were held every four to six weeks. The manager told us training was arranged as requested by staff and in order to meet any particular needs. This meant staff did receive the support and training they needed to meet people's needs effectively.

The staff we spoke with understood how best interest decisions were made using the Mental Capacity Act (MCA). We saw examples of how team leaders or the registered manager had completed a two stage test to determine if a plan was needed for staff to make some decisions in people's best interests, though further clarification was needed regarding how medicines should be given covertly. Staff understood the importance of not illegally depriving someone of their liberty. The registered manager had made appropriate applications for Deprivation of Liberty Safeguards (DoLS) with respect to most people at the service and these were being assessed by the local authority. DoLS aim to ensure that when people's liberty is restricted this is done in the least restrictive way and in their best interest.

During our previous inspection on 12 November 2013 we found the provider was in breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, as people were not fully protected from the risks of inadequate nutrition and dehydration, because they did not receive support to ensure they ate and drank sufficient amounts for their needs. The provider sent us an action plan and told us the cooks would be given all the information they needed and records would be kept of the amounts people consumed to ensure they always had enough.

During this inspection, we found people were supported and offered choices to eat and drink enough. Staff told us the menu was always discussed in the regular meetings held with people. We saw that staff used the Malnutrition Universal Screening Tool (MUST) for each person in order to identify any risk of malnutrition and to improve people's nutritional care. The manager told us that if there were serious concerns a team leader referred the person to a dietician. We saw in one person's care plan that there had been concerns and a referral had been made. There were clear records of what was eaten and the person had nutritional supplements that were prescribed by a GP. The cook we spoke with was aware of people's needs, likes and dislikes around food. They had records of these and also checked with each person daily about what they wanted to eat. The cook was also well aware of the need to provide the appropriate soft textures for various people to meet their swallowing needs effectively.

One person said, "The cooks here are good. I like all my dinners and the cakes." We saw one person eating their lunch in the lounge. All other people wanted to eat in the dining room, but as at our previous inspection, there was limited space in the dining room and half of the people had to wait for their lunch until a space became available at a table. However, staff were aware of who needed support with eating. The order in which people had their meals was planned so that there were always enough staff to assist when needed. One of the staff told us that people had been

Good

Is the service effective?

given the choice of having their meals in the larger dining room on the upper floor, but they all chose to eat in their usual place. We saw that people enjoyed their meals and their nutritional needs were being met.

People were supported to maintain good health. One person told us they had a health action plan and staff helped them to attend appointments. A health action plan is a specific personal plan about what a person needs to stay healthy. We saw there was a health action plan for each person. One person was assisted to attend a hospital appointment on the second day of this inspection. We saw records of other health appointments and the involvement of various health and social care professionals. These demonstrated that people's health needs were met.

Good

Is the service caring?

Our findings

People told us they thought the staff were kind and caring. One person told us, "They care about you here. It's a good place to live." We saw a lot of friendly interactions and laughing. Staff showed kindness and compassion in the way they spoke with people. One person said, "I like them all. I get on with them." Another person said, "I like these [activities] staff, we always do good things and have a laugh.

We heard friendly interactions and staff showed kindness in the way they spoke with people. For example, we heard one member of staff knock on a bedroom door, ask for permission to enter and then saying, "Good morning! How are you today?"

We observed staff speaking respectfully with people and offering choices at all times. One of the staff said, "Even if someone can't actually say with words what they want to wear, we can still hold up two alternatives and they can point." Photographs were used with some people as well to help them make choices.

There were review meetings at least once a year for each person and they attended as much of the meeting as they wanted to. We saw records of these meetings that included the person's family members and social workers.

There was no one currently using an advocacy service. An advocate is an independent person who can assist people to make decisions about their care if needed. The registered manager told us there were leaflets about a specific advocacy service that had been distributed to people and that some had nominated a relative as Power of Attorney to make decision on their behalf.

We saw that one person was asked where they wanted their special feeding procedure to be carried out and their choice was respected. The staff carrying out the procedure were not expecting a group activity to be taking place in the room at the same time, but the person was happy to remain with the group. The staff continued the procedure and ensured the person was covered at all times to protect their dignity.

All our other observations demonstrated staff talking to people and treating them with dignity and respect. We saw staff asking people and waiting for their agreement before entering their rooms. One person told us that staff always knocked on their door every morning. Two staff told us about their training that included respecting people's dignity in every way they could. One staff said, "It's important to make sure we close doors so no one comes in when we are helping someone with personal care." Another member of staff told us that they always asked the person, "Is it okay…" before they started any personal care and they used towels to keep people covered when they were hoisting them. We heard staff using people's preferred names and we saw that all confidential and personal information was held securely.

Good

Is the service responsive?

Our findings

During our previous inspection on 12 November 2013 we found the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, as people's care plans did not describe how staff should respond to their needs. The provider sent us an action plan and told us that the content of all care plans would be reviewed and that they would ensure all staff read the plans.

During this inspection we looked at care plans and saw that information in them had been made clearer than at our previous inspection. Some were totally up to date and others were in the process of being updated following reviews. There were sheets for staff to sign to show they had read them. One of the care staff who was a team leader gave us an example of how they had reviewed a care plan with another person and had made a list of things for the manager to add to the plan. They said there was sometimes a delay in the retyping of the plans, but they made other staff aware of changes in handover meetings. A health care professional told us that the person they visited had become happier at the service since the staff had developed an awareness of the person's needs and how to respond to them in an individual way.

We observed one person who had been assessed as requiring individual support from a member of staff in order to keep them safe from walking around and falling. We saw that an extra member of staff was with this person at all times. One of these staff members told us they had received information from a team leader about keeping the person safe and had seen the grab files. Grab files held a summary of the care plan information and were given to all new staff to read. We looked at the full care plan for this person and saw there was information about how the person was supported to walk safely and about their interests. Two staff described the person's needs and they told us how they encouraged the person with walking safely and with their personal care. Staff told us about other people's needs and how they responded to them. This showed that people were supported by staff who were aware of their care plan and how to respond and meet their individual care needs.

We saw examples of the full assessments and people's interests and preferences were recorded when they first moved into the home. When we looked more closely we saw that the amount of information in plans varied. For one person there was detailed information about their interests, but for another there was very little information. One member of staff was starting in a new role the following week. They told us that their first task would be to review all people's interests to ensure that plans contained up to date information. This would help staff to ensure they are responding to all people's individual interests.

We saw some people's religious needs had been identified within some care plans and processes were put in place in order to respond to these needs. For example, one person wished to attend church each Sunday and the care plan detailed the arrangements for this. We checked with staff and were told the person attended church each week accompanied by a member of staff.

Two people told us of regular meetings that were held when most people attended. One of the team leaders arranged these meetings and told us they mainly discussed the food menu and discussed activities people wanted to do. Staff then responded by meeting the requests made in the meeting.

We observed group activities on part of each day of this inspection. Some people were enjoying a craft activity on one day and a group music making session the next day. Two people told us they also enjoyed going out to a pub and to a cinema. They had individual support from staff to enable them to do these things. They also told us of individual holidays they had chosen for themselves. The range of activities showed the service was responding to people's individual likes and preferences.

People told us they would tell certain staff if they wanted to complain about their care. One said they would tell activities staff and another said they would talk to one of the team leaders. They said they expected the manager would be told, but no one could tell us exactly what would happen as they had not made any complaint. The manager told us that people were always asked in meetings whether they wanted to make any complaint and information about how to make a complaint was given to people when they first moved in. There were no records of complaints received and the manager told us that none had been received.

Requires Improvement

Is the service well-led?

Our findings

We saw that there were systems in place for managers to monitor and audit the quality of the service on behalf of the provider. We saw that the registered manager and senior team leaders carried out weekly audits of incident records. From these checks the actions for improvement were identified and were passed on to the rest of the staff. Team leaders ensured care plans were reviewed and a handyman made checks on the temperature of water in the main tank to ensure people were safe from the risk of legionella.

However, not all areas of the service were checked as planned, as they depended on the availability of particular staff. For example, the weekly checks on the fire alarm and fire extinguishers had not been checked for safety for two weeks. This was because the housekeeper was not at work for that time and there were no arrangements for other staff to carry out the checks. The records showed a faulty fire strip on a door had previously been noted, but not been attended to and damaged window blinds had been reported, but not yet been repaired.

Also, the registered manager was not aware that staff were not all following safe procedures when administering medicines. It was not clear how the quality of medicine administration was monitored. The manager was not aware of the methods staff were using to give medicines covertly and she did not know that some medicines were not taken when a person was away from the service. Most parts of care plans had been reviewed and updated, but information about medicines was not up to date. This showed that the checking systems were not effective in ensuring the quality of the service and this was in breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17-2(a) and (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a 'Quality tree' system to seek and act on feedback from people using the service and other persons on the service provided. We saw a report of comments made which confirmed people felt safe and were content with the service. There were no negative comments or suggested areas for improvement.

A health care professional, who was a regular visitor to the home, told us they found staff were cooperative and helpful and that they maintained a calm atmosphere. One of the staff said that staff morale had improved during the last year and they felt valued by the managers. Another staff member told us that not everyone felt valued. The registered manager told us that positive staff attitudes and values were promoted in staff meetings and in individual supervision meetings. She also told us about a system that involved other staff and people using the service to nominate and select an employee of the month. The aim of this was to encourage staff to demonstrate positive behaviour.

Leadership was provided by a registered manager and senior team leaders. The registered manager told us she was available on four days each week and was based in the provider's administration office across the road from the service. In her absence, on other days, management tasks were shared between a registered manager of another service close by and a senior team leader. A duty management system was in place for weekends and nights.

All CQC registration requirements were met and the registered manager had ensured notifications had been submitted as needed regarding any incidents. We saw, from the receipt of these, that appropriate action had been taken. One of the staff told us they did not see the registered manager very often, but that she was approachable and came over when there were problems. However, we were told, there was a senior team leader who was very supportive. Another staff member told us the management team had been amazing with the support they had given. Two staff told us there were staff meetings every month and the registered manager usually attended those. The minutes of the most recent staff meeting were available for all staff to see. A team leader told us that there were also regular meetings between team leaders and managers for all the provider's services and that information was passed individually from team leaders to the rest of the staff. This demonstrated there were arrangements in place at all times to lead the staff group.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines The registered person must ensure the proper and safe management of medicines. Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers The registered person must ensure there are reliable systems to assess and monitor all aspects of the service to avoid all risks relating to the health, safety and welfare of people using the service. Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17-2(a) and (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.