Individual Care Services

Individual Care Services - 60 Ward Grove

Inspection report

60 Ward Grove
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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

We inspected this service on 1 October 2018. The inspection was announced and carried out by one inspector.

The service is a 'care home' operated by Individual Care Services. 60 Ward Grove provides accommodation with personal care for up to three 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 two people living at the home.

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 June 2016 all five key areas were rated as Good. At this inspection we found the quality of care had been maintained and people continued to receive a service that was safe, caring, effective and responsive to their needs. The 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. Risk management plans were in place. 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.

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. They had applied to the supervisory authority for the right to deprive two people of their liberty when their care and support included restrictions in the person's best interests.

Staff supported people in a kind and compassionate way. Relatives felt staff were caring. People had varying levels of communication which were largely through gestures and non-verbal communication. These had been assessed so staff knew the appropriate communication methods to enable people to express themselves non-verbally, and make choices about day to day things such as what to wear.

People had detailed individual care and support plans which provided staff with the information they needed to respond to people's needs. Staff recognised people as individuals and 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 and deputy manager regularly checked the quality of the service to make sure people's needs were met safely and effectively. Feedback about the service was encouraged. The provider and registered manager understood their regulatory responsibilities and worked with other organisations and healthcare professionals to ensure positive outcomes for the people who lived at the home.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Individual Care Services - 60 Ward Grove

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 1 October 2018 and was announced. We gave short notice because the service is small and we wanted to ensure staff and the registered manager would be available to speak with us on the day of our inspection visit. Further opportunity for visiting relatives, healthcare professionals and staff to give us feedback about the care given at the service was given by us displaying a poster in the home about our inspection visit, together with our contact details. One inspector undertook the inspection visit.

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 Collection (PIC), as requested, during May 2018. 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 our 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 had a telephone conversation with relatives of both people who lived in the home. We spoke with three care staff, the deputy manager and the registered manager.

We reviewed two people's care plans, daily records and medicine administration records. 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.

Good

Is the service safe?

Our findings

At this inspection, we found the safety of the service had been maintained and people continued to be protected from risks of harm or injury. The rating continues to be Good.

Relatives felt their family member's safety was maintained by staff. 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 was aware of their responsibility to liaise with the local authority and CQC if safeguarding concerns were raised. The registered manager showed us a log where they recorded any reported incidents and the progression of any investigations. There had been no reported incidents so far during 2018.

The provider had a safe system of recruiting staff. One staff member told us, "I had to have my references and a criminal record check completed before I started working here." Two staff recruitment files showed all pre-employment checks had been undertaken as required by the provider.

Risks of potential harm and injury to people were identified and management plans put in place to mitigate those risks. Staff were aware of risks to people and what actions they should take to keep people safe. For example, both people were identified as at risk of developing sore skin. One staff member told us, "It's important we reposition people, because they cannot do this themselves." Another staff member told us, "As soon as we notice any area of red skin or where an area might be becoming sore, we tell the manager and they contact the district nurse." People had special equipment in place, that was used correctly by staff, to reduce risks of sore skin. Records showed referrals were made to the district nurse team whenever needed.

People living at the home had learning disabilities and complex physical disabilities. Each person had a positive behaviour support plan which provided staff with guidance they needed. For example, when one person became anxious, they used their hand to knock against their head. Clear guidelines told staff what action to take in this situation so this person did not accidently hurt themselves.

There were enough staff available to meet people's needs and provide safe and effective care. The deputy manager told us, "We always have enough staff, in the event of a short-notice staff absence, I'll cover a shift. We don't use agency care staff because it's so important here that staff know people well."

People had Personal Emergency Evacuation Plans (PEEPS) which informed staff of the level of support people would need in the event of an emergency. There was a fire alarm system in place at the home and regular drills took place. Staff had received training in first aid and understood what action they should take in the event of an accident or emergency.

Medicines were stored and handled safely by trained staff, who had their competencies assessed by managers. Medicine administration records (MARs) had been completed as required by staff. We did not identify any concerns from the records we looked at.

Where medicines were prescribed on an 'as required' basis, there was sufficient information to guide staff in what circumstances they should be given.

Lessons were learned when things went wrong. The registered manager and deputy manager gave us an example of a 'near miss' incident. They explained a staff member had accidently taken the wrong 'bio-dose' medicine pot from one person's pharmacy packed medicines. This person had received all of their correct medicines at the right time, though learning was taken from this to increase staff's attention and vigilance to ensure the correct date order of 'bio-dose' medicine pots was followed.

Equipment, such as hoists used to transfer people, was regularly checked and serviced and the safety of the premises was maintained.

The home was clean and tidy. One staff member told us, "The whole house is cleaned each day, there are specific duties for day and night staff." Staff understood their responsibility for infection prevention and control. We saw staff wore personal protective equipment (PPE) such as gloves and aprons when needed.

Good

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. A range of healthcare professionals had involvement 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 have just started working here and am on shadowing shifts getting to know people, plus doing my training." Another staff member said, "I've been here about seven months, the induction and training was very good." 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 have to demonstrate they have the skills, knowledge and behaviours to ensure they provide compassionate and high- quality care and support.

Staff had regular updates and refresher training to ensure they maintained their skills and knowledge was updated.

In addition to team meetings, staff had one to one supervision meetings where they could discuss issues relating to their work and any developmental needs they had. The deputy manager said they were completing their level five leadership and management diploma, and told us, "I'm learning so much, it is really useful to me."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff worked within the principles of the MCA and told us they gained people's consent by explaining to them what was happening. One staff member said, "I never just move someone, or hoist them, or wash them. I always say, 'I'm going to do this, is that ok,' if the person smiles, I know it's okay with them and they are happy."

Care plans contained mental capacity assessments which detailed what day to day decisions people could make and how staff should support them to make those decisions. For example, for staff to show people two suitable sets of clothing and ask the person to smile at the set they wished to wear for the day. The registered manager and deputy manager understood more complex decisions would require a referral for a best interests meeting.

The registered manager had a very good understanding of their responsibilities under the MCA. They had applied to the supervisory authority for the right to deprive both people of their liberty when their care and support included restrictions in the person's best interests.

People's nutritional and hydration needs were met. The registered manager and deputy manager explained both people had individual menus based upon their preferences. Relatives had contributed to menu planning, sharing their family member's likes and dislikes with staff so they had the information they needed to support people to enjoy their food and drink.

Whilst people's weight was monitored, this had been on a quarterly basis. The registered manager explained staff supported people to 'wheelchair services,' so that special scales for people to use whilst sitting in their wheelchair could be used. The registered manager told us they would discuss with the provider, the possibility of purchasing special weighing scales so that closer weight monitoring could take place.

Professional healthcare guidance had been given to staff about one person's dietary needs and the importance of healthy, low fat alternatives, so some weight loss was promoted for this person's overall health. A small weight loss had been recorded since April 2018, however, we found there were some missed opportunities, by staff, to consistently follow guidance given. For example, a 'light option' for hard cheese had not been purchased and the menu listed crème caramel; both of which were not options listed in the guidance given to staff by the healthcare professional. We discussed menus with the registered manager and deputy manager, who told us both people could benefit from some weight loss to promote their overall wellbeing. Healthcare professionals at the obesity management clinic had not provided any guidance as to a target weight for the person they had been referred, so the registered manager assured us they would request this for people, along with further guidance from the dietician about menu planning and portion sizes.

Staff told us they would always phone a person's GP if needed. Detailed care plans told staff that both people may find it hard to communicate if they felt unwell, so any changes in their behaviour must be reported along with any other health concerns.

Healthcare professionals had devised a 'stretching exercise' programme for one person to reduce stiffness in their limbs. One staff member told us, "We were concerned that a few moves were causing [name] some pain, so we've stopped those and referred them back to physiotherapy for some guidance." This had been recorded in this person's records so staff knew which 'stretch exercise' they should omit from this person's programme until further guidance was given to them.

Other healthcare services were accessed whenever needed. During our inspection visit, both people went to chiropodist appointments. Care records showed other services, such as specialist epilepsy nurses, were consulted when needed.

The service was a purpose built three-bedroomed bungalow, with wide corridors for easy wheelchair access, which met the needs of people living there. People shared a 'wet room' bathroom; giving space for specialist shower chairs. There was a communal lounge, conservatory dining area and enclosed garden area where people could enjoy time outdoors.

Good

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, both people living at the home were relaxed with staff supporting them. People smiled and laughed as staff interacted with them in a positive, caring way.

Staff knew people well and how they liked to be cared for. For example, one staff member told us, "[Name] likes us to stand beside or in front of them and explain what is going to happen." Another staff member told us, "We gently touch people's hand or arm to reassure them, I always talk to the person and explain exactly what is happening so nothing makes them jump or anxious."

Staff explained throughout the day, there were enough staff on shift so each person had one staff member to support them. One staff member told us, "If we go out in our mini bus, there is usually one staff member driving and two staff with both people. That way we can give full support with people, ensure they are okay and talk about what we are doing and where we are going."

Staff told us they enjoyed their job role and supporting the people that lived at the service. One relative described staff as 'kind and caring' to us.

The home was personalised, for example, photographs were displayed in the lounge of special events and outings. Each person's bedroom was personalised with photographs of relatives and their personal possessions. One staff member said, "[Name] likes to spend time on their bed and they really enjoy watching their DVDs." This person's television screen had been positioned high up so they could clearly view it.

Each person had an individual care plan. People planned individual weekly activities based on how they liked to spend their day and what they enjoyed doing. The deputy manager told us people's relatives joined in with various activities, such as a barge trip and a special birthday celebration at the home. One staff member told us, "Both people have a very active social life, and they are well cared for here."

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 were able to give us examples of how they promoted people's privacy.

Good

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.

People's needs were assessed and plans of care developed so staff had the information they needed to meet those needs in an individual and consistent way. Information was included about people's likes and dislikes. The registered manager and deputy manager told us they worked closely with people's relatives who were able to share information about their family member's preferences. There was an 'easy read' pictorial section in the care plan that showed people had been involved, as far as possible, in planning their support.

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 described their non-verbal behaviours and what these meant, such as heavy breathing and a clenched jaw meant 'I am angry' and gave staff guidance as to how determine what might be upsetting the person so they could offer support. A smile from this person meant 'yes' and an item pushed away meant 'no'. Staff spoken with knew people well and what their gestures and facial expressions were communicating.

Relatives told us they felt involved in their family member's care. One relative told us, "I'm kept up to date, they have a good staff team there."

Staff supported people to attend local events and social activities they enjoyed. Staff told us both people 'thoroughly enjoyed' a trampoline session. One staff member said, "They get to lay on a large trampoline and move about, experiencing bouncing, they love it." Photographs taken of both people at their session, showed them smiling and clearly enjoying the experience. Staff shared people's 'scrapbooks' with us, these contained a photographic diary of places visited and special events during the year. Both people had been supported by staff to enjoy a space centre trip, steam train experience and barge trip. All photographs showed both people laughing, smiling and looking relaxed with staff. People's relatives were involved in their social activities. One relative told us, "They get out and about all the time."

People were supported to follow their faith and beliefs. Both people were supported by staff to attend a local church. One staff member told us, "Both people get a lot out of attending the church service, they like the music and meet other people there."

Relatives told us they had no complaints and both felt staff were approachable to raise any concerns if they needed to. The registered manager told us no complaints had been received during 2018, though one

concern had been raised with them. This had been discussed and resolved. Information about how to make a complaint was displayed.

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. The registered manager recorded their observations of people when they checked they were happy with the services provided. This included them noting, 'I observed [name] and their facial expression, [name] gave me good eye contact, was relaxed and smiled.'

The home did not specialise in, or offer, end of life care. However, the registered manager and deputy manager told us that if a person's health deteriorated, every effort would be made for the person to remain at the home with staff that knew them well. They added that this would be discussed with healthcare professionals and people's relatives and care and support would be in line with the person's 'best interests.'

Good

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.

Both relatives we spoke with were happy with the quality of care and support their family members received. One relative described the home as 'excellent.' Another relative told us, "I'm happy with everything."

The home was led by the registered manager who had worked for the provider for many years. 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 was supported in the day to day running of the service by a deputy manager. Staff spoke positively about the deputy manager and told us they worked 'on shift' caring and supporting people, as well as in their supervisory managerial role.

The registered manager told us the provider was in the process of making some changes to their systems and processes. They gave us an example of a new electronic database being introduced. The registered manager explained they were in the process of becoming familiar with the new system which would enable them to electronically update the provider's compliance officer about important information that related to the service.

The registered manager told us they had faced some staff recruitment challenges, though vacancies had now been recruited to and the service was fully staffed.

Relatives and visitors, that included healthcare professionals, were regularly asked their opinions of the service through questionnaires. Of the questions asked, we saw 'excellent' had been circled for all and there were no actions for improvements to be made. The registered manager and deputy manager told us verbal feedback from both people's relatives was on-going and anything raised by them was acted on. Both relatives confirmed they their feedback was sought by staff.

The registered manager and deputy manager 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 registered manager introduced us to people who lived at the home, they demonstrated they understood people's gestures and non-verbal communication. Both people smiled when they heard the registered manager's voice as they explained our, (CQC's), role in their home during our inspection visit.

Staff told us they felt supported by both the registered manager and deputy manager. One staff member told us, "It's really good to have team meetings as we get together as a full team, it's really the only time we see night staff for example. We can discuss anything, get updated on any changes and put forward ideas,

which are listened to." In addition to team meetings, staff had one to one supervision meetings with a manager.

There was a system of internal audits and checks undertaken within the home to ensure the safety and quality of the service was maintained. The deputy manager told us about their weekly checks and said, "I use the provider's weekly audit form. This includes checks on people's money, health and safety in the house, infection control; checking the home is clean. Also, paperwork checks and whether any concerns or complaints have been made." These checks were recorded and where actions had been identified as being needed to make improvements, these had been logged.

The registered manager told us about their monthly quality assurance visits and explained, "These are unannounced visits and focus on key areas, such as if the home is safe and caring. The registered manager showed us examples of their quality assurance visit logs, which had recorded evidence to support the key area they looked at. Where audits identified the need for improvements, these were recorded along with actions taken to address issues.

The registered manager understood their responsibilities and legal obligations under the Health and Social Care Act 2008. The registered manager told us if they were unsure if an incident met the 'reporting threshold', they always telephoned CQC or the local authority to check and gain guidance. They had notified us about significant events such as deaths and applications to deprive people of their liberty under the Deprivation of Liberty Safeguards.

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 on an information board.