Innova House Health Care Limited

Innova House -CBIR

Inspection report

Innova House CBIR
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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

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

Innova House-CBIR provides care for up to 15 people with complex needs as a result of brain injury. However, at the time of the inspection, three bedrooms were out of use, reducing the capacity to 12 people. The premises are accessible to wheelchair users and the majority of people who use the service have mobility needs. On the day of the inspection, nine people were using the service.

At our last inspection in August 2016, 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 ongoing 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.

The service remained safe. We found systems and processes were in place to keep people safe. Staff understood their responsibilities for safeguarding people they cared for. They completed detailed risk assessments to identify risks to each person's health and safety. Measures were in place to reduce risks and people were supported to stay safe, whilst not unnecessarily restricting their freedom. Staff reported incidents and accidents and the registered manager reviewed and analysed these, to identify factors and implement measures that could reduce the risk of similar incidents occurring in the future.

Staffing levels were planned to enable people's needs to be met promptly and staff were deployed effectively. Staff were recruited safely and received a comprehensive induction. Medicines were managed effectively and safely. The premises and environment were well maintained and the required safety checks were completed. Infection prevention and control was effectively managed.

Staff received appropriate training for their role and they were supported to further develop their knowledge and skills. Care plans contained detailed information about each person's individual support needs and preferences in relation to their care and we found evidence of good outcomes for people. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. When people were unable to make decisions about their care and support, the principles of the Mental Capacity Act (2005) were followed.

Although most people were unable to fully express themselves verbally, they clearly enjoyed living at the home and appeared to be relaxed and happy. Staff had developed caring relationships with people and treated them with kindness and respect. They provided reassurance and emotional support and encouraged people's independence.

People continued to receive a service that was responsive to their individual needs and preferences. Staff

had a detailed knowledge of the people they cared for and engaged with them effectively to identify their wishes. Some people had complex needs and staff involved other professionals, to ensure they gained a full understanding of the factors influencing each person and further developed an individualised approach to their care. People had access to a wide range of activities based on their personal choices. Staff had developed an individual progression plan for each person to enrich their lives and promote their independence. People were treated equally, without discrimination and information was presented to them in a way they could understand.

Staff benefited from clear leadership and the registered manager led by example. There was a positive culture that was person centred, open and empowering, which achieved good outcomes for people and improved their well-being. Quality audits and governance processes were in place to ensure continuous improvement in the quality of the service provided.

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**

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 was a comprehensive inspection. The inspection took place on 8 January 2019 and was unannounced.

The inspection team consisted of one inspector. Prior to this inspection, we reviewed information that we held about the service, such as notifications. These are events that happen in the service that the provider is required to tell us about. We considered the last inspection report and information that had been sent to us by other agencies. We also contacted commissioners who had a contract with the service.

During the inspection, we spoke with four people who used the service and a relative, to obtain their views about the service they received. We spoke with the registered manager, three care staff and the cook.

We observed staff providing support to people in the communal areas of the service. This was so we could understand people's experiences. By observing the care received, we could determine whether or not they were comfortable with the support they were provided with.

We reviewed a range of records about people's care and how the service was managed. This included looking at two people's care records and associated documents. We reviewed records of meetings, staff rotas and staff training records. We also reviewed the quality assurance audits the management team had completed.

Good

Is the service safe?

Our findings

People were cared for by staff who knew how to protect them from avoidable harm and abuse. A visitor told us they felt their family member was safe at the home and they did not have any concerns about their safety. People using the service, could not always express their views clearly, however, one person said, "They (staff) are as honest as the day is long," and we observed people were relaxed and comfortable with staff. Pictorial and easy read information was available for people about adult abuse and bullying and who people could talk to if they had a concern.

The registered manager was aware of their responsibilities for reporting safeguarding issues and gave us an example of a concern they had recently identified and how it was dealt with. Staff we spoke with were able to describe the possible signs of abuse and told us they would report any concerns to the registered manager. They told us the registered manager would normally complete safeguarding referrals to the local authority; however, they were aware of how to make a referral themselves if necessary. Telephone numbers for multi-agency safeguarding hub were readily available within the service.

Risks to people's health and safety were assessed and reviewed so they were supported to stay safe, while not unnecessarily restricting their freedom. For example, one person had difficulties in understanding personal and social boundaries of behaviour, which might expose them to negative reactions from other people. The staff used positive behaviour support plans that provided detailed information on preventative actions to minimise the behaviours and reactive strategies for staff to use when needed. This ensured a consistent and constructive approach was taken by staff.

Staff completed incident forms when incidents and accidents occurred and the registered manager reviewed these to identify any learning from them. The registered manager gave us examples of additional information that had been gained from their review of incidents and the specialist advice they had sought as a result, to improve the safety of two people using the service.

People using the service and staff told us they felt there were enough staff to provide the care everyone required. Staffing levels were set to provide the level of support each person required. At times when people needed one to one support, or an additional member of staff to accompany them in the community, this was provided. Safe recruitment practices were followed to ensure staff were suitable to work with vulnerable people and those with complex needs. These practices included criminal record checks, obtaining a sufficient number of references from previous employers and proof of identity.

Medicines were stored and managed safely. Detailed information was available for staff about how each person preferred to take their medicines and any allergies they had. People's medicines records also contained a photograph of the person to aid identification and prevent misadministration. We identified some gaps in the medicines administration records for a person, which we discussed with a member of staff. They told us they had identified the gaps during their most recent audit and records confirmed this. Action was being taken to address the issues with the staff involved and provide additional training. Staff received medicines administration training and had their competency checked regularly. Audits of medicines

management were completed routinely to ensure standards were maintained.

The premises and equipment were maintained to ensure people's safety and the required safety checks were completed regularly. Personal emergency evacuation plans were in place to inform emergency services of the support people required in the event of an emergency evacuation of the building. The home was visibly clean throughout. Staff had completed infection control training and where required, training to ensure food was prepared hygienically and safely.

Good

Is the service effective?

Our findings

People's physical, mental health and social needs were assessed and their care and support was planned and delivered in line with legislation and evidence-based guidance. We were provided with examples of positive outcomes for people using the service as a result of actions put into place to improve people's independence. For example, a person had recently moved to a supported living environment as a result of a programme of interventions to improve the person's independent living skills. This included use of the rehabilitation kitchen to improve their ability to manage their own meals, improvements in their ability to manage their own money and behaviour. The registered manager had also gained the specialist referrals necessary for another person to obtain a diagnosis for their long term condition, thus enabling them to obtain the specialist advice they required to improve the staff ability to manage and understand their behaviours.

People had access to a wide range of professionals to assess and monitor their ongoing health. An independent physiotherapist provided regular input into the service. They completed assessments of people and provided regular physiotherapy, along with exercises for staff to complete with people between visits, to improve their mobility and function

Staff received training and support to enable them to provide safe and effective care and support. Staff told us they were provided with all the training they needed and were encouraged to undertake further professional development. Staff undertook additional programmes of training and competency assessment, to enable them to support people with long term nutritional support and insulin dependent diabetes.

People's nutritional needs were assessed and care plans were in place, providing information on the support people required with eating and drinking. People were encouraged to eat a balanced diet; however, they were able to choose what they wanted to eat and drink and they had access to snacks of their own choice. The cook had a good understanding of people's needs and preferences and they showed us how they had developed a separate menu for one person who followed a special diet. People told us they enjoyed the food and staff told us people had good appetites and ate well.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 make decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked that the principles of the MCA and DoLS were followed and we found they were. Staff had a good understanding of the principles, and people were supported wherever possible to make their own decisions. When people were unable to make a decisions and the issues were complex, we saw examples of the involvement of a range of professionals involved in the person's care, in discussing alternatives and reaching a decision which was the least restrictive for the person.

The premises were adapted to meet the needs of the people using them. The home and surrounding outside space were accessible to all and there were a number of areas where people could spend quiet time as well as communal areas.

Good

Is the service caring?

Our findings

People were cared for by staff who were kind and caring and showed understanding and empathy for the people using the service. A person said, "I love being here, I am very comfortable here,… the staff are very nice, all is well." Another person said, "It's a lovely home. I feel very much at home here. Staff are welcoming, and when I go out, I feel enveloped in love whenever I come back."

We observed people and staff interacting throughout our inspection visit. Staff were quick to understand when people tried to communicate their wishes and they treated people with dignity and respect. Staff were friendly and supportive, providing lots of encouragement to enable people to participate whenever possible and they provided positive feedback to enhance people's well-being. They provided support and reassurance when people showed signs of anxiety and needed emotional support and they gave people gentle reminders or re-direction, when the person's behaviour might upset or offend others.

Care plans contained reference to ways in which staff should support people to maintain their privacy and dignity. They also provided information for staff on ways to support people with their behaviour, whilst maintaining their sense of self worth. Staff told us of steps they took to preserve people's dignity during personal care, such as closing their doors and drawing the curtains.

People were encouraged to be involved in decisions about their care and relatives were involved in care reviews, however, documentation of their regular involvement was limited. A person told us staff listened to them and explained and discussed things with them, so that they could understand. Some people had named advocates to support them and we were told of another person who was thinking about whether they would like to have an advocate to support them.

Good

Is the service responsive?

Our findings

Staff assessed people's care needs and care plans were developed to meet those needs. Care plans provided a very good level of detail about the amount of support the person required and their personal preferences in relation to their care. They were reviewed and changed as people's needs changed. Some people had complex behavioural needs and staff had sought the input of specialist professionals to enable them to develop detailed plans, to maximise people's independence and enable them to live as full a life as possible, whilst keeping them safe.

Staff had an in-depth knowledge about people that was apparent when they spoke with us and they used this to inform their approach and maximise peoples' involvement and independence. For example, the service was providing one to one personal, social and health education (PHSE) sessions for a person who had difficulties in communication, understanding others facial expressions and had some anxiety induced behaviours. We saw the person had completed some learning resources such as "Staff or friends -what's the difference?" and staff could use a traffic light system to help the person identify when their behaviour presented a risk to themselves or others.

Staff were able to recognise subtle cues from people that enabled staff to respond appropriately to their needs. They spoke to us about activities each person particularly enjoyed, their interests and how they liked to spend their time. Staff were developing individual 'Champion and progression plans' for each person. These set targets for the person in relation to their activities and support. The document was used as a log of the person's journey and outcomes could be measured. The person's champion ensured the person's needs, preferences and choices were recognised and individual activities and support was provided based on these. Each week, their activities were reviewed and things they would like to do the following week or in the future, were identified. For example, we saw a person had said they would like to go to a football match and this had happened. When they had enjoyed going for a pub lunch and expressed a wish to do this again, this was noted and a similar visit was repeated some time later.

People were encouraged to maintain or increase their independence. They were supported to set a target of their choice in relation to this and staff used visual evidence as proof and as a point of reminder so they could see what they have achieved. This could be completing a task independently, achieving physiotherapy aims or visiting a place of their choice. A member of staff told us that when one person came to the home, they were unable to walk or do anything for themselves. However, they were now able to dress themselves, and walked with a frame and staff supervision. They were able to propel themselves in their wheelchair and they participated in preparing vegetables and wiping tables after meals. This had had a positive effect on their sense of well being and had increased their self confidence.

The provider ensured people were protected under the Equality Act 2010 and the Accessible Information Standard which applies to people who have information or communication needs relating to a disability, impairment or sensory loss. Information displayed around the home in relation to complaints, safeguarding and fire safety for example, were provided in picture and easy read form. Staff had developed communication care plans that provided detailed information on how people communicated their needs

and preferences. For example, it was identified that one person responded well to social stories to help them understand new ideas and plans. At other times staff would leave information with the person after first explaining an issue, to allow them time to re-visit it and develop their understanding before discussing it with them again.

There was clear accessible information displayed throughout the home about how to raise concerns or complaints. The complaints policy was readily available near the front entrance and the manager was aware of their responsibility for managing complaints.

A person was receiving end of life care and we saw staff had developed a detailed care plan in relation to this. An additional end of life book detailing their wishes was completed and was in an accessible format. We saw the care plan had been developed with the involvement of the person's advocate and their GP. It contained clear information about the actions to take if the person became unwell in different ways, and how to support the person and maintain their quality of life.

Good

Is the service well-led?

Our findings

There was an experienced registered manager in post. 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 was aware of their responsibilities for meeting these requirements and for reporting to the CQC.

The service was well run. Staff were clear about their role and responsibilities and told us they received good support from the management team. Staff told us there was an open culture and they felt able to raise any issues and these would be listened to and responded to. They said they continually looked for ways to improve; the focus of the service was to make care as personalised as possible for each person being cared for.

A member of staff praised the registered manager and the team working within the home. They told us the registered manager was, 'the best manager they had ever had' and went on to say how well the team worked together. They said, "If you need a bit of extra help, there is always someone there for you." People using the service and a visitor told us they had confidence in the staff and the leadership of the home.

Staff confirmed they had regular team meetings and they were encouraged to express their views. They told us communication was very good and they were kept up to date with developments. Group meetings were not held for people using the service as people using the service had difficulties in participating in group discussions. Instead, the one to one discussions held as part of the person's progression plan were used to obtain feedback from each person.

Effective systems were in place to monitor the quality of the service and the care provided. An annual survey was given to relatives to provide feedback on the service and we were told the most recent survey had been sent out in December 2018. A questionnaire was developed in accessible format for people using the service and the plan was for it to be discussed with them the following month. A range of quality audits were undertaken to monitor the quality of the service provided and we saw actions were identified at the end of each audit to address areas for improvement. The registered manager had developed an overall action plan for the service. This was reviewed and updated monthly as actions were completed and other actions added. This demonstrated the commitment to continuous quality improvement.