Individual Care Services

Individual Care Services - 1 Dexter Way

Inspection report

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Ratings

Overall rating for this service	Good

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?	Good

Summary of findings

Overall summary

We inspected this service on 6 November 2018. The inspection was unannounced and carried out by one inspector and an expert by experience.

The service is a 'care home' operated by Individual Care Services. The service, 1 Dexter Way provides accommodation with personal care for up to five 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 five people living at the home.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

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 March 2016 all five key areas were rated as Good. At this inspection we found the overall quality of care had been maintained and people continued to receive a service that was caring, effective and responsive to their needs. However, we found some improvements were needed in relation to the safety of the service. The overall 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. 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.

Overall risks of harm and injury to people had been assessed and management plans were in place. However, risks of falls had not consistently been mitigated by the provider. Risks of cross infection had not been minimised by staff or the provider.

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. Four people had authorised deprivation of liberty safeguards in place 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 use 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 checked the quality of the service to make sure people's needs were met. Feedback about the service was encouraged.

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?

Requires Improvement

The service was not consistently safe.

Some risks of harm and injury and risks of cross infection were not consistently mitigated. Staff were safely recruited to work with people and overall, knew, how to keep them safe. People's prescribed medicines were available to them.

Is the service effective?

Good

The services continues to be Good.

Is the service caring?

Good

The service continues to be Good.

Is the service responsive?

Good

The service continues to be Good.

Is the service well-led?

Good

The service continues to be Good.

Individual Care Services - 1 Dexter Way

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 6 November 2018 and was unannounced. One inspector and an expert by experience undertook the inspection visit. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. The expert by experience on this inspection had experience of learning disabilities services.

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 Return (PIR), as requested. This is information that we require providers to send us 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 out inspection visit.

Some 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 telephone conversations with three people's relatives and four care staff. We spoke with four care staff, the registered manager and operations 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.

Requires Improvement

Is the service safe?

Our findings

At our last inspection, we gave a rating of 'Good' for this key question. At this inspection we found that, overall, staff maintained people's safety. However, risks of harm, injury and infection to people were not consistently mitigated by the provider. The rating is now 'Requires Improvement'.

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. However, we identified recorded safeguarding incidents that had occurred between June and October 2018, which the registered manager had not been aware of.

The registered manager understood their responsibility to liaise with the local authority and CQC if safeguarding concerns were raised to them. The registered manager showed us a log they had available to record incidents reported, so the progression of these was recorded. There had been no reported incidents so far during 2018. The registered manager told us if they had been aware about incidents we identified and discussed with them, they would have notified us of two which involved people being hit by objects thrown by another person living at the home. No serious injury had been sustained. The registered manager assured us they would ensure, in future, that records which related to behaviour's that challenged would be read and analysed, at managerial level, so that required actions could be taken, which included notifying the local authority and CQC. The provider had a safe system of recruiting staff. One staff member told us, "I started working here just over a month ago and had to have my references and a criminal record check completed first."

Overall, individual risk management plans were in place and staff gave us examples of how they maintained people's safety. One staff member told us, "I always make sure people's shoes fit well so they don't trip over." We observed safe moving and handling practices when one staff member transferred one person, who used a specialist wheelchair, into the service's mini-bus.

However, risks of potential harm and injury were not consistently well managed by the provider. Staff told us they 'feared' for one person's safety and told us this person was at 'high risk of falling' when they used the stairs to their bedroom. One staff member told us, "It's an inevitable accident waiting to happen. I had to put my hand against their back recently to prevent them falling backward down the stairs." Another staff member told us, "[Name] is unstable, they lean backwards when going upstairs, wobble and cannot safely manage them. The manager has done everything to escalate this risk, though every day is getting worse, the risk is very high."

The registered manager confirmed one person's mobility had deteriorated since August 2018 and told us they had a 'big fear' for the person's safety on the stairs. The registered manager had made referrals to the occupational therapist and physiotherapist, who had undertaken assessments. A walking frame had been supplied for this person to use on level surfaces and an occupational therapist had asked for staff to observe and document specific concerns. The registered manager had shared their concerns with the provider. We found the provider's risk assessment did not mitigate the risks of falls and there was a continued risk of

injury and harm to this person, and potentially to staff, who were instructed in the risk assessment to stand at the top and foot of the stairs. Following staff's increased concerns shared with us, we discussed these with the operations manager. Following our feedback to the operations manager, they assured us immediate action would be taken to liaise with the local authority about the safety and suitability of this person's placement at the home. The day after our inspection the operations manager confirmed an urgent placement review had been organised.

Some people living at the home had positive behaviour care plans and, overall, staff knew how to support individuals well to reduce risks of anxiety and subsequent behaviours that posed risks to people. For example, staff told us they ensured they took one person out at 'quieter times' and thought about locations so they were not too noisy or busy because this was a trigger factor to the person's anxiety. However, we found one person's positive behaviour care plan did not consistently ensure the safety of others. Incidents of items being thrown were recorded, such as a crockery bowl in the communal lounge during a mealtime, which smashed against the fireplace. Other incidents involved other people living at the home being hit by items thrown. Following our feedback to the registered manager and operations manager, they assured us this person's care plan would be reviewed and consideration given to non-breakable crockery items so risks of harm and injury were minimised and to ensure staff consistently managed behaviours that posed risks of harm and injury.

There were sufficient and suitably trained and experienced staff on shift, and staff met people's needs provide. The registered manager told us, "We have some current staffing vacancies that the provider is advertising to recruit to. However, the team here always pull together and cover shifts whenever needed."

People had Personal Emergency Evacuation Plans (PEEPS) in place which informed staff of the level of support people would need in the event of an emergency. However, one person's had not been updated following their changed needs. When we highlighted this, the registered manager told us they would update the PEEP. 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.

Overall, medicines were stored and handled safely by trained staff, who had their competencies assessed by managers. The operations manager assured us a designated medication fridge would be purchased before the end of November 2018 so that a prescribed item requiring below room temperature storage could be stored safely and not in the kitchen food fridge.

Medicine administration records (MARs) had been completed as required by staff. Where medicines were prescribed on an 'as required' basis, there was sufficient information to guide staff in what circumstances they should be given.

Staff practices and management to prevent potential cross infection and hygiene required improvement. Staff had not replaced one person's bed linen that was siled with faeces. We saw one wall was marked with faeces and a person's toiletries container had faeces on it. We pointed this out to the registered manager who took immediate action and assured us issues would be addressed with the staff member.

We identified other areas where improvements were needed to hygiene and to reduce risks of cross infection. The first floor bathroom had no soap or paper towels. One person's new incontinence pads were stored out of their plastic packaging on an open shelf in their ensuite. Areas in the kitchen had not always been cleaned of food debris, bottles of juice were stored on the floor and bins were not always foot- pedal operated. The operations manager told us issues would be addressed and where equipment was required, this would be in place before the end of November 2018.

Learning took place when things went wrong. The registered manager told us they had reminded all staff of the importance of signing people's medicine records following one incident when staff had forgotten to sign after giving a person their medicines. The registered manager had contacted the pharmacy to request people's medicine records were numbered so as to reduce the risk of errors; so it was clear to staff if a sheet was, for example, one of three.

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 started my job here recently and am new to care work. I had an induction and worked alongside the manager for a few weeks." Staff described their training as 'good' and training including self-guided on-line sessions and taught face to face sessions. 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.

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. One staff member told us, "We are a good care team here, we really support one another as well as the people we are here for."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible". People can only be deprived of their liberty 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 whether the service was working within the principles of the MCA and found staff worked within the principles of the Act. Staff told us they gained people's consent by explaining to them what was happening. One staff member said, "Some people do not have any verbal communication, so I always explain to them what's happening and what I'm doing, I check they are relaxed and smiling." The registered manager had a good understanding of their responsibilities under the MCA. They told us four people had an approved DoLs and the fifth person did not want to go out of the home without staff with them.

People's nutritional and hydration needs were met. One person told us, "I like my food". People were supported by staff to enjoy their lunchtime meal. Menus offered people a healthy balanced diet and were based on people's known likes and dislikes.

People's weight was monitored, so that actions could be taken if changes were observed. One person needed to use special scales for people to use whilst sitting in their wheelchair and staff told us they would discuss, with the registered manager, the possibility of this person accessing special weighing scales

purchased by the provider for one of their other services so weight monitoring could continue following this person's discharge from healthcare services; where their weight had recently been monitored.

Staff supported people to access healthcare services whenever needed. One staff member told us, "If people are poorly and can't go out to the GP surgery, their doctor is very supportive and will do a home visit." During our inspection visit, a visiting chiropodist had individual appointments with people. Care records showed other services, such as specialist learning disability services were used when needed.

The provider had recognised the premises may need to adapted or changed to meet people's ongoing care and support needs. The service is a detached two-storey house and was not purpose-built. The registered manager told us some people's needs had, or were changing. For example, one person could not safely use the communal bath or shower so had to use another person's ensuite shower. One person could not safely use the stairs. Staff and the registered manager described the home as 'not large enough' for the needs of the people living there. There was just one communal lounge, and one person found this too noisy so staff had placed their armchair under the open stairway in the hall. Another person liked to walk about a lot and after going out for a long walk with staff, still enjoyed continuously moving about in the home though space for them to do this was very limited. The registered manager told us the long-term suitability of the home had been discussed at a multi-disciplinary team meeting between healthcare professionals, care staff and the provider's managing director during October 2018. The question was posed of re-locating people as a group with staff. The registered manager told us the managing director planned to put forward the suggestion of re-location to the Board of Trustees.

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, people living at the home were relaxed with staff supporting them. People smiled when approached by staff who interacted with them in a positive, caring way.

Relatives described staff as 'kind' and 'compassionate' in their approach toward their family member.

Staff knew people well and how they liked to be cared for. For example, the registered manager told us one person became anxious if anyone but them used the ground floor toilet at the home, so they ensured staff knew to distract this person so as to prevent their anxiety. Staff gave us examples of how they did this and one staff member told us, "I say [name] can you just help me do this, like put the table cloth on, and then they don't notice or get anxious about the ground floor toilet being used by someone." This caring approach by staff enabled this person to remain relaxed.

Staff told us they enjoyed their job role and supporting the people that lived at the service. Relatives described staff are 'caring in their approach'.

Each person's bedroom was personalised with relative photographs and their possessions. One staff member said, "Two people like to spend time in their bedrooms after being out doing activities, so they have all their things close to hand." We saw one person's bedroom had no personal items and the registered manager explained this person did not like any items or objects apart from their bed in their bedroom as this caused them anxiety.

Each person had an individual care plan. Staff planned individual weekly activities based on what people liked to do. Some people enjoyed attending various clubs, water activities. One person had their own 'sensory corner' in their bedroom where they could safely spend time on floor mats and watch bubble tubes and listen to their music.

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.

Staff encouraged people to do things for themselves if they were safely able to do so. One person was encouraged to help in the kitchen with vegetables and sorted the chopped vegetables from peel. Staff encouraged another person to hold their drink themselves and, whilst close by in case support was needed, enabled this person their independence to drink themselves.

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. One staff member told us, "[Name] really likes to sit in their chair in the lounge and have their things next to them." We saw this person had easy access to their books and personal DVD player. People's care records contained information about likes and dislikes.

Relatives told us they felt involved in their family member's care and staff updated them when needed. The registered manager and care staff told us they worked closely with relatives who were involved in their family member's care, and supported people to maintain important relationships. For example, one person was regularly supported by staff to visit their sister, and another person had been supported to visit their relative at their home. Relatives told us they were welcomed by staff when they visited their family member at the home.

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, 'If I tilt my head and smile, I am content.' Staff spoken with knew people well and what their gestures and facial expressions were communicating. Further work on care plans was planned for an 'easy read' pictorial version where people could be involved, as far as possible, in planning their support.

Staff supported people to attend local events and social activities they enjoyed. One staff member told us, "Whilst people enjoy group outings together sometimes, most people living here tend to like very different things." The registered manager explained one-to-one activity time was planned into each day to enable people to do things they enjoyed. During our inspection visit, one person enjoyed a visit to their hairdresser, another person enjoyed a long walk in the local park area. One staff member told us, "I've supported [name] to the shops today to get some ideas for Christmas. We bumped into their family member, which was nice as well."

Staff told us people had enjoyed a holiday to Whitby and one person smiled when we asked them about this. Cinema and theatre trips had taken place which one person told us were 'good'.

Relatives told us they had no complaints and felt staff were approachable to raise any concerns if they needed to. The registered manager told us no complaints had been received during 2018. Information about how to make a complaint was displayed on the kitchen wall, though this was in a written format. The registered manager told us they would update the pictorial version they had available in the staff room and display this in the hallway of the home.

Some 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. One staff member told us, "I'd know if something was wrong with anyone or they were upset. I'd work out what it was and put things right for them." The registered manager recorded their observations of people when they checked they were happy with the services provided.

The home did not specialise in, or offer, end of life care. However, the registered manager told us that if a person's health deteriorated, they would work with healthcare professionals 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.

People recognised the registered manager and we observed positive interactions between them during our inspection visit. Relatives spoken with were happy with the quality of care and support their family members received.

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. Staff were very positive about the registered manager and told us they worked 'on shift' caring and supporting people, as well as in their 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 becoming familiar with the new system as a means of updating the provider's compliance officer about important information that related to the service.

Relatives and visitors, that included healthcare professionals, were asked their opinions of the service through questionnaires. One GP, who had regular contact with people and staff, had commented on the service as 'faultless, couldn't be improved' and a visiting chiropodist described staff as 'friendly and supportive'. Whilst pictorial feedback forms were available, people had not been supported to give their feedback to date during 2018. The registered manager told us they would ensure this was something passed on to be undertaken before the end of December 2018.

The registered manager spent time with all five 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. One person smiled and came to greet us, once the registered manager had told people who we were, which demonstrated people's trust in the registered manager.

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 have one to one supervision meetings with a manager.

Where the registered manager had recently identified specific concerns about one person's individual safety at the home, they had escalated these concerns to the provider. Following our feedback to the operations manager, they took immediate action and requested an urgent placement review for this person and arranged for an advocate to be appointed so as this person's 'best interests' were represented in any future decisions made. This meant our concerns about one person's future safety at the home were addressed during our inspection visit by the operations 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. Overall, we found these identified issues where actions were required for improvements. However, actions were not always taken in a timely way so as the required improvements were implemented. For example, on 25 October 2018, it had been identified there was no soap or paper towels in the communal bathroom and yet we found the same issue because no action had yet been taken. Medicine audits had previously identified people's creams were not consistently dated by staff who opened them and whilst the registered manager had addressed this, we found the same issue. The registered manager and operations manager assured us these issues we discussed with them during our inspection visit would be addressed and improvement made by the end of November 2018.

The provider's quality monitoring visits to the service had not taken place as often as intended. The registered manager told us the last visit had been during January 2017. However, the registered manager explained the provider was regularly updated about the service and information, such as about accidents and incidents, shared with them. The operations manager explained the provider's compliance officer had been involved in reviewing policies and would now be in a position to recommence their quality monitoring role of services to ensure the provider's expected standards were met and sustained.

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. There was also a link to the service's CQC report on the provider's website.