

iMap Centre Limited

Beeston Drive

Inspection report

33 Beeston Drive
Winsford
Cheshire
CW7 1ER

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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

This inspection took place on 4 and 6 September 2017 and was announced.

Beeston Drive provides care and accommodation for up to three people with a learning disability. There were three people using the service at the time of our inspection.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like 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.

We last inspected the service in February 2016 and rated the service as 'requires improvement' overall. At this inspection we found the improvements had been made and that all the regulations were being met.

Accidents and incidents were appropriately recorded and risk assessments were in place. The registered manager and staff understood their responsibilities with regard to safeguarding and had received training in safeguarding adults.

Appropriate arrangements were in place for the safe administration and storage of medicines.

The environment was clean, spacious and suitable for the people who used the service and appropriate health and safety checks had been carried out.

There were sufficient numbers of staff on duty in order to meet the needs of people who used the service. The registered provider had a safe and effective recruitment and selection procedure in place and carried out relevant checks when they employed staff. Staff were suitably trained and received regular supervisions and appraisals.

The registered provider was working within the principles of the Mental Capacity Act 2005 (MCA) and was following legal requirements in respect of Deprivation of Liberty Safeguards (DoLS). Staff knew how to protect the rights of people, who lacked mental capacity to make decisions. They also worked with others to promote people's best interest, safety and liberty.

Staff were caring towards people and supported them to maintain the relationships that were important. People were supported to develop their independence and skills around daily living tasks. Staff treated people with respect and maintained their right to privacy.

People were supported by staff to meet their nutritional needs. Care records contained evidence of people being supported to attend visits to and from external health care specialists.

The registered provider had supported people who used the service with to access education opportunities. People were supported and encouraged to engage with activities outside of the service.

There was an effective complaints procedure in place and any concerns had been addressed appropriately

There was clear and visible leadership in the service. Staff and the registered manager understood their role and responsibilities. The provider had a range of audits in place to assess, monitor and improve the service. The registered manager involved people and staff in the running of the service. The registered manager complied with their statutory responsibility to submit notifications to the CQC as required.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected from harm and abuse. People received their medicines when they needed them and in a way that was safe. Medicines were stored safely.

Accidents and incidents were reported and investigated appropriately. Risk assessments were in place to assist staff in minimising the risk of harm.

There were enough staff on duty to meet peoples' needs. Appropriate checks were made when employing new staff.

Is the service effective?

Good ●

The service was effective.

Staff were suitably trained, supervised and appraised in their role.

People were supported by staff in making healthy choices regarding their diet.

People had access to healthcare services and received on-going healthcare support.

The registered provider was working within the principles of the Mental Capacity Act 2005 (MCA) to ensure people's rights and best interest.

Is the service caring?

Good ●

The service was caring.

Information about people was stored securely and people's confidentiality was respected.

Staff knew people well, were kind, caring and compassionate and had developed positive relationships with people.

People were treated with kindness, respect and dignity. Staff

encouraged and supported people to maintain relations with their family and friends.

Is the service responsive?

The service was responsive.

People's care plans were person centred and contained meaningful information about how a person wished to be supported.

A range of meaningful activities took place at the service to ensure people retained their independence and took pride in completing tasks and opportunities.

The registered provider took complaints seriously and these were addressed in an appropriate manner.

Good ●

Is the service well-led?

The service was well led.

There was registered manager in place. Staff and relatives were positive about their leadership.

There was a quality assurance system with oversight of the service from the registered manager or the registered provider. This was effective in identifying and addressing issues.

CQQ were notified of concerns in line with our regulations.

Good ●

Beeston Drive

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.

The inspection team consisted of an adult social care inspector. The inspection took place over two days on the 4 and 6 September 2017.

The registered provider was given 24 hours' notice because the location is a small care home for younger adults who are often out during the day; we needed to be sure that someone would be in.

Before the inspection, we asked the registered provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was returned within the given timescale.

We also contacted the commissioners of the service and the local authority safeguarding unit who informed us that there were no current concerns about the service.

We observed the care and support to the people who used the service and spoke with their relatives following the inspection. We viewed three people's records relating to their care, support and medication. We spoke with four staff during the inspection.

We looked for a variety of records which related to the management of the service such as policies and procedures, four staff files, training records and quality audits.

Is the service safe?

Our findings

Relatives expressed no concerns around the quality or safety of the service. One commented "I have no worries; my [relation] would be able to let me know if they did not feel safe but all the signs indicate that they are quite settled with the staff".

Medicines were managed in a safe way and people were given appropriate support with their medicines. Staff had received training in how to administer medicines safely and a competency assessment of their abilities was carried out annually to ensure staff retained their skills. There was information available for staff about the medicines that people were prescribed, the reasons they took them and any potential side effects.

We looked at Medicine Administration Records (MAR) which were completed and these showed that people received their medicines as prescribed. Stock balances were recorded and regularly checked to ensure all medicines were accountable for. Where people were prescribed 'as required' medicines, clear protocols were in place to support their safe and consistent use. Medicines were stored safely and securely and regular checks were undertaken on the medicines management system to ensure it continued to operate in a safe way.

Staff had received training in safeguarding adults and had a good understanding of how to identify and act on any allegations of abuse. Training included regular updates based on changes to local and national guidance. Information on how to raise concerns was readily available to remind staff on the procedure to follow. Staff were also aware of the "whistleblowing policy" should they feel unable to report matters to their immediate management team. This is a process for staff to raise concerns about potential poor practice in the workplace. One member of staff told us; "I wouldn't worry about reporting, I would report anything that I thought wasn't right as you have to be open and transparent". There had been no recent safeguarding incidents within the service and our discussions with staff and management provided us with assurance that the correct procedures would be followed should an incident occur.

Risks to each person and any risks they presented to others were fully assessed. This included risks associated with the environment, household activities, trips out and health risks. There was a comprehensive risk assessment in place for each person which provided a full account of how to help ensure identified risks were minimised and managed. These were regularly reviewed and updated where there was a change in the risk of harm.

Staff had a good understanding of people's safety and how to protect them and others from harm whilst maximising their freedom and independence. Our discussions with staff and the registered manager demonstrated how they were constantly assessing the balance between risk and the right to self-determination.

The service also used the Herbert Protocol Missing Person Incident Form. The Herbert Protocol is a national scheme introduced which encourages carers to compile useful information which could be used in the

event of a vulnerable person going missing.

Incidents and accidents were recorded and action was taken to investigate these to help prevent a re-occurrence. We looked at incident records which showed a low number of incidents between people at the service with no concerning trends or themes. The registered manager audited all incidents to identify any particular trends or lessons to be learnt.

There was sufficient staff deployed to help ensure people were kept safe. Relatives said the service was always well staffed. Staff also told us staffing levels were consistently maintained at safe levels. The registered provider also ran another service in close proximity and staff who worked at these services could be utilised to cover any sickness or other absence. Staffing levels enabled people to receive a high level of support and to access social opportunities. Steps were put in place to keep staff safe whilst working on their own or whilst providing support with behaviours that challenged: this included competency assessments around lone working and a personal alarm to seek assistance from other staff in the building.

Safe recruitment procedures were in place to help ensure staff were of suitable character to work with vulnerable people. This included ensuring staff completed an application form with a full employment history and a thorough interview. Employment offers were subject to satisfactory references and a Disclosure and Barring service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and prevents unsuitable people from working with children and vulnerable adults.

We looked around the premises and found it was safely managed and suitable for its purpose. Each person had access to communal and private space in which they could spend time. The building was undergoing some redecoration and repair following accidental damage. Whilst more 'major' changes were taking place, people had the opportunity to go on holiday to minimise disruption to their routines and ensure their safety. People were involved in choosing the new colour schemes and furnishings. Checks on key safety aspects of the building took place. For example to the gas, fire, electrical and water systems to help ensure the building continued to operate safely.

Risks to people's safety in the event of a fire had been identified and managed, for example, fire alarm and fire equipment service checks were up to date. People who used the service had Personal Emergency Evacuation Plans (PEEPs) in place. A PEEP sets out specific physical and communication requirements that each person has to ensure that they can be safely evacuated from the service in the event of an emergency. A 'grab file' was also in place. This folder contained brief but essential information about people's physical and mental health conditions and medicines and could be 'grabbed' in an emergency to pass on to other health professionals should the need arise. We spoke to the registered provider about ensuring fire drills took place regularly taking into account the needs of the people at the service.

Is the service effective?

Our findings

Relative's said that staff had the right skills and knowledge to support people at the service. A compliment sent to the service stated "The staff professionalism shone through, credit where credit is due".

Staff received a range of training relevant to their role. This was constantly developed and revised by the registered providers' training department to ensure continuous improvement of the staff. Staff said training was very effective and gave them the necessary skills to undertake their role. This included new staff that had no previous experience in care. A new starter told us that the training was adapted to the people each staff member was going to support so it was both meaningful and practical. They were also given time to get to know the service and the people who used it by spending time shadowing experienced colleagues.

New staff, regardless of their experience, completed the Care Certificate if they did not hold this. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. The Care Certificate elements had been made relevant to the learning disability sector ensured that staff learning was focused on the service users they supported. This helped provide assurance that staff received a comprehensive induction relevant to their role in care.

Staff were supported and encouraged to achieve additional qualifications in health and social care. Staff received regular training updates and a training matrix to help keep track of when training required refreshing. Core subjects included topics such as medication, moving and handling, safeguarding, equality and diversity and fire safety. Training was also provided to staff in topics relevant to the people they were supporting. This included learning disabilities, care planning, autism, mental health, relationships and behaviours that challenge. The matrix demonstrated the majority of staff training was kept up-to-date.

Staff including management received regular supervision, appraisal and support. Supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. If an issue or concern needed to be discussed outside of supervision, a 'job chat' was undertaken and recorded. Staff told us they felt highly supported by the management team. □

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found that care and support was provided in the least restrictive way possible. Staff and management had received training in the Mental Capacity Act and they understood the principals of MCA indicating this training had been effective.

People who used the service had been assessed as lacking the mental capacity to give valid consent to living there and this had been agreed by a DoLS assessment. However, there were a low level of restrictions placed upon people and they were able to access the community with the staff whenever they wished.

People's capacity to understand and make decisions relating to each element of their care and support was regularly assessed and used to inform the development of care plans. Where people lacked capacity to understand specific, complex areas of their care and support, mental capacity had been considered. This showed that people were involved to the maximum extent possible and decisions were made in their best interest.

The registered provider had a restraint policy in place. Information around where it would be appropriate to use physical interventions was contained within care records. Care records outlined the different behaviours that people may display, which may trigger the use of physical intervention or less restrictive alternative. This meant that clear information was available to staff on how to manage behaviours that challenge effectively.

People were supported to maintain a healthy diet. Whilst people could choose what to eat on a daily basis, a weekly menu had been drawn up in agreement with people to provide structure and a varied, balanced diet. We saw people had access to a varied and nutritious diet and were involved in the kitchen. One of the people who used the service had a goal to try to adapt a more healthy choice of diet. However, staff still respected that they could make a choice. Their care plan indicated "Staff should be aware of [name]'s health needs and support them to make healthy choice. However, this is not to turn the meal into an un-enjoyable occasion. Staff must offer guidance but allow them to make a choice". Staff had supported and encouraged the person with healthy eating options and the person was losing weight in line with their goals.

Relatives told us that they were reassured by the actions staff took to keep people well. People's healthcare needs were assessed and appropriate plans of care put in place for staff to follow. Where people had specific conditions such as epilepsy, there was good information for staff to follow and staff were trained to manage these situations. Each person also had a health action plan, providing clear information on the support they needed help keep healthy. The service regularly liaised with external health professionals which included psychologists, dentists and when people had required help and support in these areas.

Hospital passports were also in place: this is a document summarising people's care and support needs which could be given to the hospital should they be admitted. This aimed to reduce distress and ensure people's care needs were known by hospital staff.

Is the service caring?

Our findings

Relatives and professionals spoke in a positive manner about the staff that provided care and support. Comments included; "The staff really do care and take an interest in [name] and also the extended family" and " They include us, not exclude us, from things that are going on and that are so important".

There were photographs and pictures throughout the house of people engaged in activities either with staff or their families. People each had their own room which had been personalised in its decoration and other items of interest. Staff told us that they supported people with keeping their rooms and other parts of the service clean and tidy, This ensured that people were encouraged and involved in the up keep of their home.

It was clear from observations that staff had developed strong relationships with people and people valued the relationships they held with staff. Staff and management all knew people very well and were very knowledgeable about their needs and preferences. Several of the staff, including some of the senior staff, had worked with the people they supported since that had been within the children's division of the service. This meant staff knew people extremely well.

Staff responded in a thoughtful and patient manner when providing people with emotional support. Each person had an assigned key worker who provided a key point of contact for the person. The registered manager said that it was clear that people knew who their key workers were as they tended to 'seek them out' when they needed something or were upset. Each key worker had completed a 'pen picture' of themselves which was displayed on the wall alongside that of the person. Staff had been 'matched' by their interests and personality traits. Staff in the key worker role were able to confidently describe what being a key worker meant for the person which demonstrated the role was meaningful and effective.

The care and support provided was person centred revolving around understanding people and their views. We saw staff engaged with people, listened and were interested in what people had to say. Staff knew people well as individuals and were able to tell us about their wishes and preferences in a way that showed it was clear people mattered. People were encouraged and supported to take part in choosing colour schemes, furnishing and decoration.

The atmosphere was relaxed, friendly and inclusive. Conversation focused on a range of topics including people's lives and their plans for the rest of the day. We observed that staff showed an interest in what a person had done whilst at college and wanted to know about their day.

The service was effective at helping people to maintain contact with their family and friends. People's families were encouraged to be in touch and to spend meaningful time with the person. Time had also been taken to identify key family events such as birthdays, anniversaries and religious festivals, so that staff could support people to send cards and presents.

The service was effective at empowering people to gain independence. This was evidenced through

discussions with relatives, staff and professionals. Care records described how people were supported to be independent and to care for themselves where possible. Care planning focused on increasing people's independence and life skills in a structured way. A staff member said, "Our job is to make their lives as fulfilling as possible. They choose activities and choose what they want to do and we make it happen". People involved in decisions about the environment in which they lived. Care records described how staff were to promote dignity and respect people's privacy. They directed staff to ensure that people had personal space whilst bathing, to ensure that they knocked on doors or afforded people "private time" whilst engaging in more intimate activities.

Records in regards to people who used the service were kept safe and secure which ensured that confidentiality of information was maintained.

Is the service responsive?

Our findings

Feedback from professionals and relatives was that the service responded well to people's ever changing needs and wishes.

We saw people's care records were person centred. Person-centred care means the person is at the centre of any care or support plans and their individual wishes, needs and choices are taken into account

The registered manager had introduced a booklet called 'My Foodie Facts'. This contained information of the types of foods and drinks people liked for meals. It also gave information on people's preferences as to the time they liked to eat their meals, what support they required and when. For example: the record for one person indicated "If it is something messy or requires a plate or bowl, I would prefer to eat at the table. Other times, I may want to eat in the summer house or whilst I am on the lap-top". Another person had difficulty with portion size so staff let them fill their bowl but placed their finger on the rim to indicate when they were to stop.

Staff demonstrated to us they were very proud of people's achievements and were consistently dedicated to helping people continually better themselves. A staff member told us with passion at his excitement when one of the people they supported made a sandwich without any prompting and heated it in the microwave for the first time.

Care plans directed staff in how to communicate with people in the most effective way. Staff were very clear that the people they supported understood more than people less familiar with them recognised. There was the use of technology such as iPods which were loaded with applications to assist with the spoken word as well as pictorial applications that assisted with the communication of routines and activities.

Routines and rituals for each person were described in detail as well as the situations that they may find difficult and anxiety provoking; these were clearly different for each person but included things such as babies, small dogs, loud busy places or staff taking them on an unfamiliar journey. Regular meetings and reviews were held with the behaviour therapist within the service. This allowed constructive time to discuss existing patterns of behaviour and to review risks. Staff were encouraged to reflect upon unforeseen risks and how these had been addressed. An agreed behaviour support strategy was then put in place.

There had been a recent transition into the service for a number of people and the importance of this period had been acknowledged by the service. The emotional and psychological transition for the person had been recognised along with the impact of moving into a new environment with new people and staff. The transitions had been carefully planned and had taken place over an extended period and at the persons own pace.

We found that people were protected from social isolation. People had individual plans in place for activities, which described what people enjoyed doing and other activities people could take part in to improve their confidence and social skills. People were offered a choice of activities. There was an activities

planner in place for each person which outlined some of the activities scheduled for the week ahead.

People, relatives and professionals were encouraged to express their views on the service and to raise a concern or complaint if they were not happy. The registered provider had a complaints process in place and this was available at the service. All issues had been appropriately recorded, investigated and responded to.

Is the service well-led?

Our findings

Relatives were happy with the leadership of the service and felt that the management team were accessible and approachable.

There was a registered manager in place who had come into post following the last inspection. She was aware of her role and responsibilities in relation to this.

At the last inspection, staffing records indicated that over fifty percent of the work force had left. On this occasion, we found that staff had been retained and there was a consistent and regular staff group in place. The service had gone through a difficult and challenging period prior to the inspection, but staff had remained committed to their roles and worked together as a team.

The registered manager communicated with staff about the service. Team meetings took place on a regular basis. Staff told us this was a supportive forum where all support issues were discussed. Minutes detailed any actions and who would be responsible for undertaking the actions.

There were a variety of systems in place to assess the quality of the service, for example peer audits were completed by managers from other services owned by the registered provider, and quality audits were completed by the registered provider. These audits focussed on areas such as care records, the environment and medication, and took place on a daily, weekly and monthly basis. We saw examples where areas of improvement had been identified within care records, and changes had been implemented accordingly.

Where concerns or issues had been highlighted in regards to staff performance, these were directly addressed by a member of the management team. For example: where there had been medication errors, there was a full investigation with actions for staff such as re-training, shadowing and a review of the relevant policies and procedures.

The registered provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner. A notification is information about important events which the service is required to send to the Commission by law. There was also a display of the CQC rating within the service and on the relevant web site.