Instant Care Solutions Limited

141 Vicarage Farm Road

Inspection report

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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

The inspection took place on 28 June 2016 and was unannounced. The last inspection took place on 15 May 2014 at which time the service was compliant with the regulations we checked.

141 Vicarage Farm Road is a care home registered to provide accommodation and care for up to eight adults with mental health needs. At the time of our inspection there were seven men living at the service.

The service had a registered manager who had been in post since 2011. 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.

The provider had safeguarding and whistleblowing procedures in place and staff had undertaken the appropriate training to safeguard people from abuse.

Risks to people had been assessed and identified. Plans were in place to minimise risk and keep people safe.

There were enough staff to meet people's needs and the service followed safe recruitment procedures to ensure staff were suitable to work with people who used the service.

People's medicines were managed in a safe way.

The staff had the training and support they needed to meet people's needs effectively.

The service followed the principles of the Mental Capacity Act (2005) including that people should consent to their care and treatment.

People's nutritional and dietary requirements were assessed and met.

People's health care needs were met.

The staff were kind and caring.

People were treated with dignity and respect.

People had comprehensive care plans that reflected their choices and risk assessments that were regularly reviewed.

The service provided activities relevant to the people who used the service.

People felt able to make a complaint and these were investigated and responded to appropriately by the registered manager.

The service had systems to monitor the quality of the service delivered and ensure peoples' needs were being met, which led to improvement of the service.

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.

The provider had safeguarding and whistleblowing procedures in place and staff were trained appropriately to safeguard the people who used the service.

The service had comprehensive risk assessments and management plans that identified and minimised risks to keep people safe.

The service had an incident procedure.

Safeguarding alerts and notifications were raised appropriately.

The service followed a safe recruitment procedure to ensure staff were suitable to work with people who used the service.

Staff were sufficiently deployed to meet people's needs.

People had their medicines managed in a safe way.

Is the service effective?

Good

The service was effective.

Staff had up to date training that was relevant to meeting the needs of the people they provided support to.

Staff had an induction, monthly one to one supervisions, yearly appraisals and monthly team meetings to develop their knowledge and skills.

The service was working within the principles of the Mental Capacity Act (2005).

People's nutritional and dietary requirements were assessed and met.

The house was welcoming and clean.

People's healthcare needs were met and we saw evidence of

involvement with relevant healthcare professionals.

Is the service caring?

Good

The service was caring.

We observed that staff were kind and caring when they spoke with people and were respectful of people's personal space and the choices they made.

People had access to relevant information and other agencies who could provide support to them.

Is the service responsive?

Good

The service was responsive.

People had comprehensive care plans and risk assessments that were regularly reviewed. Care plans indicated people's preferences and that they had been involved in person centred care planning.

The service has an activity co-ordinator five days a week.

The service held monthly residents' meetings.

The service had a complaints procedure and we saw evidence that complaints were recorded, investigated by the registered manager and an action plan was completed.

Is the service well-led?

Good

The service was well led.

The registered manager had in place a number of different audits to monitor the effectiveness of the service.

The provider had undertaken satisfaction surveys with people who used the service, their families and employees within the last year.

141 Vicarage Farm Road

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 checked 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 took place on 28 June 2016 and was unannounced.

The inspection was carried out by one inspector. Prior to the inspection, we looked at all the information we held on the service including notifications of significant events and safeguarding. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about. We also contacted the local authority's Commissioning and Safeguarding Teams.

We spoke with six people who used the service and three family members. We also spoke with two care workers, the activities co-ordinator and the registered manager.

We looked at the care plans for four people who used the service. We saw files for five care workers which included recruitment records, supervision and training records. We reviewed medicines management for two people who used the service. We also looked at records for monitoring and auditing the service.

After the inspection we received feedback from a healthcare professional and an advocate to gather information on their experience of the service.

Good

Is the service safe?

Our findings

People who used the service and their families told us they felt the service was safe. Comments included, "I feel very safe. It's very protected.", "They do whatever they can to make you feel comfortable, so you're living in a safe environment.", "I feel safe. There's enough staff - at least three a day." and "I most definitely feel safe here. They keep an eye on the patients." One relative told us the service was "very safe and very comfortable." They observed "Staff make (their relative) feel secure. Staff have been there for a while and provide continuity." Another relative said, "They are all rounders. I am so happy with the place. I don't have to worry because (their relative) is safe and happy there."

The provider had procedures in place to safeguard the people who used the service including a detailed safeguarding policy and a whistleblowing procedure. All members of staff had been on safeguarding training in the last year. The registered manager had undertaken a postgraduate course in safeguarding and staff we spoke with were able to identify different types of abuse and knew how to respond to keep people safe.

The service had comprehensive risk assessments and management plans that identified and minimised risk to keep people safe. The risk management plans outlined possible risk indicators and provided clear instructions on how to respond to people's specific behaviour. Contact details for external agencies who provided support were also recorded, so staff could contact them if required.

The service had an incident procedure. The registered manager reviewed all incidents, recorded what action was taken, analysed what could be done to prevent further incidents and if the incident did happen again, what would be the response. For example there had been an incident where a person behaved in a way that challenged another person. The risk management plan was reviewed and action was taken to reduce the likelihood of the person causing harm to the second person. For ongoing incidents and safeguarding alerts, a chronology of actions was recorded.

Safeguarding alerts and notifications were raised appropriately with the local authority and the Care Quality Commission. We saw evidence of investigations being undertaken, the service working with other agencies and risk assessments being reviewed and updated to address the concerns and therefore improve the well-being and safety of the people who used the service.

The service had a fire risk assessment plan and an emergency and contingency plan. Each person had an individual up to date Personal Emergency Evacuation Plan (PEEP). Fire drills were undertaken every three months and fire alarm testing happened weekly. These systems provided staff with clear directions on how to keep people safe in the event of a fire.

The service followed a safe recruitment procedure to ensure staff were suitable to work with people who used the service. Each of the staff files we reviewed included an application form, interview notes, proof of identity, references and Disclosure and Barring Service (DBS) checks. Where necessary, the provider had checked evidence of the staff member's right to work in the UK. We saw a DBS check that was applied for more than three years ago. When we highlighted this to the registered manager, they immediately applied

for a new DBS check and said they would put a system in place to renew DBS checks in a timely manner.

We reviewed four weeks of staff rotas, which indicated there was a stable staff team sufficiently deployed to meet people's needs. In addition to the eight care staff who provided support 24 hours a day, the registered manager, activities coordinator and provider were present during the day. People who used the service said, "There is enough staff. I get on really well with the staff. They cook good food and make sure everything is in working order." and "It's pretty good living here. More than enough staff. All the facilities are here. It's a home."

People had their medicines managed in a safe way. Medicines training was part of the induction process. Staff were observed administering medicines for a month by senior staff and then undertook a competency test before they were assessed as safe to administer medicines on their own. The registered manager told us "We need them to know about the medication and the side effects." The service had detailed medicines procedures that included PRN (as required) protocols. Medicines were stored safely in individual locked boxes. Medicines Administration Records (MAR) were kept together in a file. The front of the file indicated which staff could administer medicines. Each person had an information sheet with a photo and a medicines record. We saw PRN instructions in the file so that staff knew when, how often and in what circumstances PRN medicines should be given. Additionally information on each drug prescribed was kept in the file. We saw no omissions in records of administration on the MAR charts. The medicines stocks we counted for two people were accurate and could be reconciled with the records of administration. This gave us assurance that medicines were being given as prescribed. The monthly medicines audit included checking the stock count, medicine returns, the MAR charts, that training was up to date and that the medicine cabinets were secure.

Good

Is the service effective?

Our findings

People who used the service, relatives and other professionals involved in the service told us the staff had the skills and knowledge to carry out their roles. People said, "Coming here from (previous placement) was very refreshing. It really cushioned the blow coming out into the community." and "They're very dedicated. They're not just here for the money. It's a team effort and everyone that has worked here has been very professional." A relative told us there was enough staff and they were "very skilled." They gave an example of when their relative had an infection. Staff identified it quickly, called an ambulance and attended hospital with the person. The relative thought the infection was quite difficult to pick up but said that because staff were very observant they were able to identify the issue was a physical illness. A medical professional said, "They are receptive and good in identifying early warning signs of relapse and seek help from the care teams…They aim to provide a good care in a safe and therapeutic environment…"

We saw a training matrix for staff that indicated they had received up to date training relevant to meeting the needs of the people they provided support to. Training the provider considered mandatory included safeguarding, Mental Capacity Act 2005 training, medicines management and first aid training. The service used written competency assessments to ensure staff had the skills required for their role and the registered manager observed people while they were working at least twice a week. If areas for development were identified, an action plan was created for the staff member and if required they were paired with a senior.

New staff members had an induction that included training, shadowing other staff and an employee handbook for guidance. We saw induction activities checklists signed off and dated with a separate medicines administration checklist that included "knowledge of the drug dispensed". Staff confirmed they had monthly one to one supervisions and yearly appraisals to develop their knowledge and skills. This meant staff had the support and skills required to deliver a service which met the needs of the people who used it.

We saw evidence of team meetings. The agenda included training and development, activities, and policies such as equality and diversity and health and safety. The meetings provided staff with the opportunity to discuss training and best practice. Staff told us, "We have monthly team meetings. Everyone gets to talk. (The registered manager) is a very approachable person. It's helpful to be able to meet all in one go to discuss and plan." Another staff member told us at team meetings they discussed improvements to care, food, outings and staff training. This indicated staff had the opportunity to discuss how the service was developed.

The service also benefited from links to an external research organisation called the National Institute for Health Research (NIHR). There was no obligation for people to join the project but if they did professionals discussed various aspects of their health with them. Working with NIHR provided staff with another perspective of the needs of the people who used the service and up to date research information. The registered manager told us, "We are always looking for opportunities to better our knowledge. It will benefit the clients, and if they're happy, everybody is happy."

Staff told us they felt supported and that there was good communication. Comments included "I get a feeling of satisfaction at the end of the day when I go home. The staff team is very good. We can communicate and are very friendly with each other." and "We're like one big, happy family." Relatives confirmed there was good communication with staff and said, "They are very good with communication and will ring me on my mobile." A medical professional said, "They keep good records and provide relevant information when requested."

The staff had a handover between shifts. An "Update File" was used as part of the handover and this contained new information that staff were required to read and initial. For example people's care plan reviews or updated policies and procedures. In this way information was communicated effectively to everybody and contributed to staff carrying out their roles and responsibilities competently.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care services and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and found that it was. The registered manager and the staff we spoke with understood the principles of the MCA. The service had not made any applications to deprive people of their liberty (DoLS) and there were no restrictions placed on people who used the service. The front door was locked but people had their own keys to open it. People who used the service said, "You can come and go as you please. There are no restrictions.", "You're free to come and go." and "I can go out when I want to." People told us they were consulted about their care plans and we saw evidence in the files people were consulted about the care provided to them and that they consented by signing their care plans and reviews.

Food and nutrition were recognised as contributing to a healthy lifestyle. Dietary requirements including cultural ones were recorded in the initial assessment and care plan. The service had a kitchen where food was prepared freshly by staff each day. We saw a choice of food on the menu. People told us they could always access the kitchen and there were lunch and snack foods they could help themselves to. People could cook independently if they chose and we saw individual self-catering risk assessments had been completed. Additionally people's rooms had a basic kitchen area with a fridge, sink, countertop and cupboards, so they could keep food in their rooms and had facilities for making drinks. On the day of the inspection we saw some people chose to eat it in the dining room together, one person preferred to have his meal after everyone left the dining room, one person ate in their own room and another person chose to make his own meal. Comments on the food included, "The food is really good. I'm always happy with the menu. The food is the best food in any placement I've had.", "The meals are very good and very healthy.", "The food is excellent." and a relative told us the food "is really healthy and they make it all from fresh."

The house was bright and clean. The decor was in good condition and people told us they could decorate their rooms as they wished. The communal rooms were welcoming and provided activities for people to do, for example, pool, DVDs or reading. Information boards displayed menus, advocacy services, job clubs, a Dignity and Respect Charter and what staff were working that day.

People's healthcare needs were met and we saw evidence of involvement with relevant healthcare professionals. Information was provided in a way people understood. For example, when new medicines were prescribed, staff went through a patient information leaflet with the person so they understood what medicines they were taking and why. One person advised, "Staff support you to the GP just so there are no complications." A relative told us that when the doctor visits, if there are any issues the registered manager will ring them. There is always good communication by phone and when the relative visits the home. Another relative said the service makes sure their relative gets the medical support he requires and sees the GP.

Good

Is the service caring?

Our findings

All stakeholders we spoke with found the service to be caring and felt that staff listened to people. People who used the service told us, "They show a lot of kindness. They ask if you're not well and you have to see a GP. They make sure you're really looked after and stay stable in you mental health.", "Staff are helpful and listen. I do cooking with staff and garden with staff next door.", "Always understanding they (staff) are. Kind, polite and courteous. I'm pretty happy here" and "It's nice here. Staff are nice." One person told us that when they had a bereavement, a member of staff he had a good relationship with, came back to work to talk with him about his loss. He said, "All the people around knew I had a loss and were supportive."

A relative told us, "I think they're absolutely excellent. The care is exemplary." Another relative said when their relative was admitted to hospital, staff from the home visited him every day. "They're very caring." It was the person's birthday while they were in hospital. Staff acknowledged this and when he came home he had a party. The relative observed staff "go above and beyond."

A medical professional observed, "All the staff are courteous and are welcoming to various professionals visiting. There is a sense of cohesiveness and good team spirit among the staff. This is based on observation by myself and feedback from my patients and my other team members."

A staff member said to get to know the people who used the service, "I look through service user's care plans to get some background about their needs. I believe in communication and building up their trust. They get to know me as well and feel they can talk openly." and "We try to make them feel very comfortable and to make them very independent. That's what we're aiming for." The service promoted people's independence by building working relationships with the local community, for example with shops, so they could support people's individual needs. For instance, one person found social contact difficult and could not hand over money in shops directly but by communicating with the local shops the service has enabled shops to accommodate this. The registered manager told us that cleaning was part of people's recovery path and therefore people are encouraged to clean as much of their room as they can.

During the inspection we observed that staff were kind and caring when they spoke with people. They were also respectful of people's personal space and the choices they made. We saw respecting people's dignity was discussed at team meetings. One relative said, "The quality of care is very good. Staff are very friendly and (my relative) is very happy."

One person told us, "They knock on the door for medication or if there are activities." and a relative said that "They never walk into his room, they always knock."

People had access to relevant information and other agencies who could provide support to them. Each room had an information holder attached to the wall that contained people's care plans, a resident's guide, advocacy service information, information packs on the service, a statement of purpose and Personal Emergency Evacuation Plan. It also had contact details for safeguarding teams, the Care Quality Commission and out of hours numbers for the local authority and health service. One person had an

Independent Mental Health Advocate (IMHA) who visited them every four to five weeks. The IMHA ensured the opinion of the person they supported was heard and helped them to understand their rights under the Mental Health Act.

People were supported to maintain contact with friends and family and relatives told us they were made to feel welcome when they visited the service.

Good

Is the service responsive?

Our findings

Prior to coming to the service, each person was assessed by the registered manager and then invited to visit the service. The registered manager told us it was important to cause the least stress possible to both the new person and the existing people in the service, so nothing was rushed into and in some instances it took three to four months for people to move into the service.

People who used the service said, "Yes I do have a care plan. Reviews are around every six months. It's all written down, you have to read and sign it. I agree with the care plan. It's really good.", "I have a care plan. I have a one to one every month. People listen. We negotiate and thrash things out." and "I've got a care plan. Hygiene is in the care plan and medication." A relative told us their family member had a care plan which was preparing him for going home. They said, "If I have any issues I raise it with them. They do respect his views and wishes as well. They involve him and have a little chat."

The files had comprehensive care plans and risk assessments that were regularly reviewed. Care plans indicated people's preferences and that they had been involved in person centred care planning. We saw initial, mid-term and long term goals were recorded and updated at each review. There was clear guidance with multiple steps on how to support individual people to maintain their well-being and meet their needs. We could see from reviews how people had progressed, and people we spoke with confirmed this. For example, we saw a step by step plan for one person to start self-medicating. This was updated at reviews and the person confirmed they were now self-medicating. All the men who used the service had mental health needs and each person had a crisis plan that clearly specified signs to indicate they might be unwell, what helped them to stay well and things that have and have not helped in previous crisis. Every file we looked at had a signed consent form that included consent to share information and to be involved in the care plan.

Professionals we spoke with confirmed the service listened to people who used the service and responded to people's individual needs. One advocate noted, "The living accommodation supports my client's future wishes of actually leaving the accommodation and moving on."

We observed that staff supported people in a person centred manner. One person who used the service wrote poetry. The service helped the person to enrol in a poetry class, went with him to the class and waited to go home with him after the class. He was supported to buy a laptop, supported two to three times a week to type poems and the registered manager had assisted the person to publish their work.

A daily observation recorded was completed for each person at the end of the staff member's shift which showed care was delivered in line with people's preferences and care plan.

The service has an activity co-ordinator five days a week. They described their role as providing people with activities they are interested in and encouraging people to go out and engage in the community. If one person had an interest and no one else wanted to participate, the activities co-ordinator had a one to one session with that person. One relative observed that in the past their relative did not engage and "wouldn't

do anything, but here he goes out all the time." People we spoke with were satisfied with the activities they were involved in.

The activities co-ordinator chaired monthly residents' meetings. Agenda items included outings, menus, fire drills, health and safety, suggestions for activities and improvements to the home. One person who attend residents' meetings commented, "It's worth going to them because if there are any changes, you'll know about it." Another said, "At residents meetings we talk about trips, menus and barbeques. We're going to Margate tomorrow (on an activity outing)."

The service had a complaints procedure and people felt confident in making a complaint. There were copies of the complaints procedures in people's rooms. People told us, "They have a complaints box by the front door.", "We have a complaints procedure. (Care worker) is my keyworker and I go to him. If something really upsets me, I go straight to (registered manager) and (provider)." and "I haven't had any complaints recently. When I did a while ago with (another person in the house), (the registered manager) dealt with it. The complaints procedure is very good here."

We saw evidence that complaints were recorded, investigated by the registered manager and an action plan was completed. The complaints form asked if the person who made the complaint was satisfied with the result, indicating the service was interested to hear what people had to say and improve the service.

Good

Is the service well-led?

Our findings

The management team consisted of the provider and the registered manager. The service had developed an open culture. Stakeholders told us the registered manager was involved and approachable. One person said, "In times of problem, (the registered manager) makes sure your mental health is stable." and, "(The registered manager) is very easy going." A relative told us, "I think it is a really, really well run care home. It's the most secure place and the most comfortable he's ever been in." Another relative said, "I have (the registered manager's) mobile number so he is always on hand if I needed him. They do listen. I don't have any concerns." Staff commented that "If something needs improvement, I will go directly to (the registered manager)" and "(The registered manager) is very, very accessible. He has been wonderful and has helped with my professional career."

The registered manager had in place a number of audits to monitor the effectiveness of the service. This provided an overview of the service and enabled them to address and action any areas that required improvement. Audits included a monthly medicines audit, food safety check, a monthly fire audit, cooking / serving temperature records, cleaning checklists, fridge and freezer temperatures including fridges in people's rooms and a kitchen knife count. Other checks included check lists for the files of people who used the service, all health appointments people had attended, a training matrix for staff that included when they required refresher courses and care plans that were on a traffic light system for reviews as were risk assessments.

The provider had undertaken satisfaction surveys with people who used the service, their families and employees within the last year. One person confirmed, "I have done surveys. I like this place." We saw the March 2016 survey was analysed and an action plan implemented. The provider also undertook a detailed six monthly audit. The December 2015 audit included comments from people who used the service, a summary, recommendations and agreed actions. The audit was discussed with the registered manager and all staff were required to sign that they had read it.

We saw evidence the service worked well with a number of other agencies to provide the care and treatment people needed and to ensure people's well-being. Other professionals we spoke with were very positive about working with the service.

The service had a good professional network to ensure best practice and drive service delivery forward. As part of the National Institute for Health Research (NIHR) project, the service regularly received feedback on the information they provided to the Institute and general updates on current practice and research.

The registered manager told us that what he thought the service did well was, "listen to people and act on it. The service is tailor made. If people want something and it's reasonable, we do it." He also observed the service had effective prevention plans to identify and manage risks. As a result, only one person has returned to hospital in the last five years.