

iMap Centre Limited

42 Beeston Drive

Inspection report

42 Beeston Drive
Winsford
Cheshire
CW7 1ER

Tel: 01606552320

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13 December 2018

20 December 2018

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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?	Requires Improvement ●

Summary of findings

Overall summary

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

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.

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. However, we did find some areas that needed improving which have impacted on the rating of the Well Led Domain. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service overall remained Good.

Systems were in place to monitor and assess the quality and safety of the care provided. However, we found that these were not always robust enough to identify issues and action was not always taken. We made a recommendation that the registered provider review its quality monitoring and oversight of the service.

People were supported with diet and hydration. However, we made a recommendation that the registered provider undertake a full review of its menus as they were not healthy or nutritionally balanced.

Checks were undertaken as required with the safety and suitability of the premises in regards to cleanliness, gas, electricity and water. Fire Safety checks had been carried out but we made a recommendation for a further review of the safety and suitability of the evacuation plans.

People continued to receive safe care as they were supported by staff who knew how to protect them from harm. Staff were aware of people's individual risks and plans were in place to minimise these while maintaining the person's independence. Where areas for improvement were identified, systems were in place to ensure lessons were learnt and used to improve the service delivery. Staffing was arranged based on people's individual needs and what activities were happening. Staffing remained flexible to suit the people living at the service.

The registered manager supported staff by arranging training so staff developed the skills to provide care and support to people, which was in-line with best practice. Staff were supported to carry out their roles and responsibilities effectively, so that people received care and support in-line with their needs and wishes.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People receive care and support that was in line with their consent.

People were supported by staff who knew their individual requirements and how to support them in the right way. People had access to healthcare professionals when they required them. People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People were treated well which had a positive impact on their well-being. We observed that all staff spoke kindly to them and they presented as being happy and comfortable. Staff helped people to make choices about their care and the views and decisions they had made about their care were listened and acted upon. Information was provided to people should they wish to raise a complaint. There were opportunities for people and relatives to feedback their views about their care and this was used to improve the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service remained Good.</p>	<p>Good ●</p>
<p>Is the service effective?</p> <p>The service remained Good.</p>	<p>Good ●</p>
<p>Is the service caring?</p> <p>The service remained Good.</p>	<p>Good ●</p>
<p>Is the service responsive?</p> <p>The service remained Good.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was no longer well led.</p> <p>There was no registered manager at the service.</p> <p>The audits carried out were not timely or robust enough to identify the issues highlighted as part of this inspection.</p> <p>Staff felt supported and involved in the running of the service. Relatives had no concerns about the quality or safety of the support provided by the service or the overall organisation.</p>	<p>Requires Improvement ●</p>

42 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 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.

We gave the service 48 hour's notice of the inspection visit because the location provides a was a small care home for younger adults who are often out during the day. We needed to be sure that they would be in.

The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed information available to us about this service. The registered provider had completed a Provider Information Return (PIR). The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed safeguarding alerts; share your experience forms and notifications that had been sent to us. A notification is information about important events which the provider is required to send us by law.

We reviewed records including; accident and incident logs, quality assurance records, compliments and complaints, policies and procedures, training records for all staff, and five records relating to staffing. We pathway tracked the care of three people. Pathway tracking is where we check that the care detailed in individual plans matches the experience of the person receiving care. We looked at three support plans and daily reports along with three medicine administration records

We completed observations in communal areas, due to the nature of people's needs, we were not able to ask everyone direct questions, but we did observe people as they engaged with their day-to-day tasks and activities.

We spoke with three relatives and attempted to contact a number of other family members. We spoke with the registered manager, deputy manager and four care staff. Additionally, we spoke with four professionals from the local authority who visited the people living at the service.

Is the service safe?

Our findings

People using at the service presented as happy and content in the presence of staff. We spoke to a social care professional who spoke positively about staff interaction with those they supported. One person's family member commented, 'The staff always have the best interests of all the people at the centre of what they do'.

Fire-fighting equipment had been serviced to ensure it was in good working order. An overarching fire risk assessment was in place as well as personal evacuation plans (PEEPS) for each person living at the service. We raised concern about the content of the PEEPS and escalated this matter to the Cheshire Fire and Rescue Service for advice and guidance.

We made a recommendation that the registered provider seek assurance from a competent person that they are fully compliant with the requirements of all relevant fire safety legislation.

People received their oral medicines as prescribed. We looked at Medication Administration Records (MARs) and these had been signed by staff to show when these medicines had been given. However, we identified that where external medicines such as creams and lotions were prescribed, there was no information available to staff to help them to do this and no records to show when these medicines were applied, where and by whom. There was no record of the date of opening to ensure that they were discarded they had reached expiry dates.

Protocols were in place for those medicines that needed to be administered on an 'as and when' basis (PRN) but these were not detailed enough to ensure that staff administration of these was consistent.

We brought this to the attention of the management team and corrective steps had been taken by the second day of the inspection.

People were protected from the risk of potential abuse. Staff had received training in safeguarding adults, were aware of the different types of abuse that could occur and confident in reporting any concerns they may have.

People were supported to take positive risks. Staff had a flexible approach to risk management which ensured good outcomes for people. Risk assessments and management plans were in place that supported staff in mitigating the risk of harm or injury occurring. Staff had received training in physical intervention, for which relevant risk assessments had been completed. Clear procedures were in place which showed the circumstances under which this should be used, outlining that this was a last resort. Accidents and incidents were being recorded, reviewed and appropriate measures in place to keep people safe. Incident reports were analysed to reduce the risk of a similar incident happening again.

Recruitment processes remained robust. New staff had been required to provide a minimum of two references, one of which was from their most recent employer. The required checks had also been taken up

from the Disclosure and Barring service. Information from these checks had been used to help the registered provider to make informed decisions about safe recruitment.

Staffing levels were flexible in order to ensure that they were sufficient to meet the needs of people using the service whilst they were at home or taking part in community based activity. We observed an appropriate number of staff in post throughout the inspection and rotas confirmed these levels were consistent.

Environmental checks had been carried out to ensure this was safe for people. The service was clean throughout and staff had access to personal protective equipment (PPE) such as disposable gloves and aprons. This helped to protect people from the risk and spread of infection.

Is the service effective?

Our findings

People at the service required support to meet their nutritional needs. Menus were not in place to ensure that a variety of options were provided. People were not always encouraged to eat a healthy balanced diet and options were limited. For example: records indicated regular daily consumption of food types such as chips, pizza, take away, burgers, sausage rolls and chicken nuggets.. There was scant evidence of fruits, vegetables or health snacks being offered and we found that little provision on these at the service. The weight gain of people living at the service had not been recognised, addressed or managed appropriately.

We made a recommendation that the registered provider undertake a review of the menus to ensure that they reflect choice, dietary needs, and are nutritionally balanced.

Following the inspection, information was provided on the introduction of healthy eating plans and additional training for staff in this area. Referrals had been made where appropriate for dietetic advice.

Where required people had been referred to relevant health professionals, for example their GP, the community nurse or the Speech and Language team. Advice from these professionals had been incorporated into people's care records and was being used in the day-to-day management of their care. Appropriate adaptations had been made to the service to meet people's needs.

People's needs and choices were assessed prior to them moving into the home and regularly thereafter. This involved meeting with the person, their relatives, if appropriate, and relevant health and social care professionals. Staff recognised that a positive transition for people moving into the home was important for them to feel safe.

Protected characteristics under the Equality Act (2010), such as disability and sexual orientation were considered as part of people's initial assessment, if people wished to discuss these. This demonstrated that people's diversity was included in the assessment process. Staffs were strong advocates for the rights of individuals and this was demonstrated in engagement with the local community following discriminatory comments being made about people using the service.

The Care Certificate was also included in the induction process for those that did not hold this. The care certificate is a set of minimum standards that have to be met by care staff. Staff had completed training they needed to carry out their role. Specific training had also been provided around the use of physical intervention and communication. Staff told us that they received supervision and records viewed confirmed this. Staff said that this was positive and was a forum for positive feedback as well as identifying areas of development and improvement. On the spot' job chats' were also undertaken to address any immediate issues and concerns.

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 whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met and found that they were.

People were empowered to have choice and control as much as possible in their day-to-day lives. Records indicated that people who used the service were not always able to make a decision for themselves and were not fully aware of the risks associated with some of their behaviours. Staffs were able to tell us how they had reached that conclusion and why in those circumstances they acted in the persons "best interest".

Is the service caring?

Our findings

Staff spoke passionately and respectfully about people and the challenges they faced due to their complex needs. We observed positive interactions between people and staff, staff knew people well and had built trusting relationships

There was a consistent staff team some of whom had known the people at the service since childhood.

Staff encouraged people to maintain relationships with their families. A family member commented that staff had ensured that key events during the year, such as mothers day, were acknowledged with cards and gifts.

There had been a number of verified written compliments received at the service which includes comments around the standards of care, communication and inclusion.

Staff acted to protect people from any distress. People had access to information in a format which reduced barriers to communication. Staff had a good understanding of how people communicated and expressed themselves. There was an appropriate use of the independent Advocacy service. Advocacy is a process of supporting and enabling people to express their views and concerns, access information and services and defend and promote their rights and responsibilities.

The service had been decorated to reflect people's preferences. One person preferred to keep the décor in their bedroom very minimal, which had been respected. Other people preferred their bedrooms to have more decoration and had added more of their own personal effects.

Staff respected people's human rights, equality and diversity. Staff gave us examples of how they supported people's diverse needs including those related to disability and sexual orientation. For example, people were offered time alone in the privacy of their room when they needed this. We also observed how staff showed people emotional support, whilst maintaining a sense of professionalism; these interactions helped to give people a sense of wellbeing and security

People's privacy and dignity was respected. People's care plans reflected human rights and values such as people's right to privacy, dignity, independence and choice. We saw staff did not enter people's rooms without first knocking to seek permission to enter and did not enter if they were told to go away. People had the option of spending time in their rooms or in communal areas as they preferred. Rooms could be locked to prevent other people from entering; however staff had keys so they could access these if needed.

Personal information about people was stored in an office which was locked when not in use and information that was stored electronically was password protected to prevent unauthorised access.

Is the service responsive?

Our findings

People's support plans gave clear guidance for staff around how and when they should provide support. These included important information about people's physical, emotional and mental health needs.

There was information around the management of risk along with an assessment of how this risk had been minimised through introducing appropriate strategies for each individual. There was access to a specialist advisor within the organisation to assist with this.

Support records were personalised and contained details of likes, dislikes, personal preferences and preferred daily routines. At the front of each support plan there was a summary document for staff which included ways of interacting with people without causing them to become unduly distressed. Information within people's care records had been reviewed to ensure it was kept up-to-date and accurate.

During the inspection we spoke with staff about people's needs. The information provided to us reflected what was written in people's care records. This showed that staff were familiar with people and knew how to support them.

People were supported to engage in activities both at the service but also within the community. The level of community based activities varied and was somewhat dependant on the person and whether they had access to their own form of transport. Comment was made from relatives and professionals that the service was not always proactive in identifying appropriate community based activities.

There was a complaints process in place for people and their families to access if they needed to. People's family members confirmed that they knew how to make a complaint and would feel comfortable doing so. At the time of the inspection there had not been any complaints received from people using the service or their relatives.

People were given information in a way they could understand. The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. Different ways and forms of communication were in place to aid a person's understanding of the day ahead.

There was no one receiving end of life care at the home and nobody had received end of life care since the service opened. End of life care was considered by staff and people's wishes at the end of their life were recorded in their care plans.

Is the service well-led?

Our findings

At the time of the inspection the service did not have a registered manager. 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. A new manager had come into post to ensure a seamless transition as the outgoing registered manager had secured promotion within the organisation. However, this manager left the week of the inspection and after only a few months in post. Recruitment was now underway to find a suitable replacement. In the interim period, the service was to be supported by the Head of Adult Services, the Deputy Manager and the Senior Care staff.

The registered provider completed monitoring visits to the service. These visits looked at care records, medicines, accidents and incidents and the environment to ensure that standards were being maintained in these areas. Audit systems were in place to monitor the quality of the service being provided. We observed that some of these had not always been completed in a timely manner or were not robust enough to address some of the issues highlighted on inspection. For example: a recent audits had failed to highlight or address swiftly the concerns found on inspection. For example: We also noted that an audit had been undertaken by Boots Pharmacy on the 12 October 2018 but steps to address the failings had not been taken at the time of the inspection. One persons DoLS had expired on the 20 August 2018 but an extension had not been requested until the 8 November 2018. Concern had been highlighted concerns in regards to weight gain but there had been a failure to ensure that weight monitoring or healthy eating was in place.

We recommend that the registered provider review their quality and system of auditing ensure that these are being carried out as required within the service.

Staff meetings were taking place during which important information about the service was passed to staff. Senior Support staff had been given additional support and training to carry out supervisions and management tasks. They told us that they felt valued and had good opportunities to develop professional skills.

Staff worked in partnership with other organisations to ensure people's needs were met. A healthcare professional told us, "We have regular communication. The staff and manager are very open to our suggestions."

A recent staff survey had been positive with staff being very happy with the support, communication and morale at the organisation.

At the time of the inspection the registered provider had only sent surveys out to people's families to get their view on how the service was being run. This meant that the results were not yet available. However we spoke with three relatives and looked at compliments received by the service which showed people were happy with the service being provided.

The registered provider is required by law to display the rating from their most recent inspection. During the inspection we observed that this was being done. The registered provider is also required to notify the CQC of specific events that occur within the service. This was being done as required.