

Ms J Stockdale-Fisher

Iona

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We inspected Iona on the 4 October 2016 and it was unannounced. Iona provides personal care and support for up to six people with learning disabilities. There were two people living at the service when we visited. The service had 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.

Iona was last inspected on 23 April 2015 and was found to require improvement in the areas of safe, effective, responsive and well led.

At the last inspection we saw that the provider had not always assessed people's capacity to make decisions about their care and not ensured that restrictions were legally approved. At this inspection we found that some improvements had been made but that there were still some improvements required. This was because people's capacity to consent to decisions was not always assessed nor completed in their best interest.

At the last inspection the provider did not always ensure there were enough staff to meet people's needs, care was not always given in line with people's preferences and they did not use feedback from people and their relatives to improve the service. At this inspection we saw that there were sufficient staff and that arrangements had been made to ensure that there was staff cover to provide extra support when required. People were supported to plan their week in advance to ensure that they could pursue their hobbies, daily living skills and leisure activities. We saw that the provider had sent surveys to families and spent time with people who used the service to plan its future development.

At this inspection we saw that risk was not always assessed and managed to ensure people were protected from harm. Some environmental risk assessments were not completed and other risk management systems were not regularly reviewed to monitor the wellbeing of people or to take account of their changing needs. The provider had not informed us of changes within the service which is required for their registration with us.

There were systems in place to manage medicines and they were securely stored. Staff received the training and support that they needed to do their job effectively. They understood their responsibilities to detect and report abuse.

People were supported to maintain good health and had regular access to healthcare professionals. They were supported to have enough to eat and drink and to maintain a healthy diet. People's care plans were personalised and accessible to staff. The care plans were regularly reviewed to correspond with people's changing support needs.

Staff developed caring relationships with the people they supported. They knew people well and provided care that met their preferences. People were encouraged to communicate their choices and staff understood when they used signs or gestures to do this. People's privacy and dignity were considered. They were included in staff celebrations and their families were welcomed at any time.

There were systems in place to drive quality improvement which included regular audits and developing systems and procedures to meet action plans. People knew the manager and were comfortable raising concerns with them.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe. Risks to people health and wellbeing were not always assessed and there were not always plans in place to support staff to manage the risk. People were supported to take their medicines safely and there were systems in place to store them securely. Staff knew how to keep people safe from harm and how to report any concerns that they had. There were sufficient staff to ensure that people were supported safely.

Requires Improvement ●

Is the service effective?

The service was not consistently effective. People did not always have the opportunity to consent to decisions about their care. Staff received training and support to enable them to work with people effectively. People were supported to maintain a balanced diet and to access healthcare when required.

Requires Improvement ●

Is the service caring?

The service was caring. Staff developed caring, respectful relationships with the people they supported. They were supported to make choices about their care and to maintain their independence. Their privacy and dignity were respected and upheld.

Good ●

Is the service responsive?

The service was responsive. People were supported to pursue hobbies and interests and to develop leisure activities. Care was planned around people's preferences and reviewed with them and their families. There was a complaints procedure in place that people were aware of.

Good ●

Is the service well-led?

The service was not consistently well led. The provider did not notify us of significant events in the service.

Requires Improvement ●

People knew the manager and reported that they were approachable. Regular checks took place to help improve quality. The staff team felt well supported and understood their responsibilities.

Iona

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 inspection visit took place on the 4 October 2016 and was unannounced. It was carried out by two inspectors.

We checked the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service and information we had received from the public.

The provider had completed 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. We used this information to help us to come to our judgement.

We used a range of different methods to help us understand people's experiences. We spoke with the two people who lived at the home about their care and support and observed the care that they received in communal areas. We also spoke with one person's relatives to gain their views. We spoke with two care staff, one health professional and to the registered manager. We looked at care records for two people to see if their records were accurate and up to date. We also looked at records relating to the management of the service including quality checks.

Is the service safe?

Our findings

Risks to people's health and wellbeing were not always assessed to ensure that actions could be taken to minimise them. We saw that renovations were taking place to a communal area of the home. People were using temporary accommodation to ensure that they were not at harm whilst the work was being completed. However, we identified there were hazards present in this room which had not been identified by the registered manager. For example, there was a free standing electric heater in use which could be touched by people or tripped over. When we spoke with the registered manager they said that they had not completed a risk assessment and they did not know how long the work would take. This demonstrated that risks which could cause people harm were not always assessed to ensure that the environment was safe.

We saw that one person had fallen and sustained an injury to their forehead in the evening. We reviewed the records related to this fall which stated that the person had been unconscious for a short period as a result of the fall. The registered manager told us that the person had been checked by them after the accident. We saw that observations had been recorded during the evening until 10pm and then once during the night. The registered manager told us they did not feel a referral for medical attention or doctor referral had been required. However, the National Institute for Clinical Excellence guidance states that a person with a head injury needs to go to the hospital's emergency department (A&E) as soon as possible if there is a period of unconsciousness or lack of full consciousness, even if the person has now recovered. We saw that when this person had this accident and a previous one that a body map was completed to record where the injury was sustained. The body maps were not reviewed to monitor the injury afterwards. This showed that although accidents and incidents were recorded they were not always fully monitored or reviewed.

People were supported at night by staff who slept in the home. The registered manager told us that one person was able to use the buzzer to summon support for themselves and the person that they shared a room with. The provider had not considered alternative arrangements if the person's circumstances changed which meant that they may be unable to do this; for example, if their memory were impaired. There were no other systems in place to alert staff if the people required assistance, for example with personal needs. We saw records that showed that one person did require some night time assistance but this wasn't realised until they were supported to get up the next morning. This demonstrated that the provider had not considered alternative arrangements to ensure that risks to people's health and wellbeing were managed at night.

We saw that the plans to evacuate people in an emergency, for example in a fire, were not updated to reflect people's changing needs and were the same for both people. Records showed that one person did not leave the premises during a fire drill and needed to be prompted by staff. However, their plan stated that they could do it independently.

This evidence demonstrates a breach of Regulation 12 of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014.

At our last inspection we found that there were not always enough staff to meet people's needs. At this inspection we saw that there were sufficient staff available to support and care for the people who used the service. People were supported whenever they requested assistance. They had activities planned for each day which included an outing of their choice. The registered manager told us, "We have also arranged for additional staffing so that people can be supported on an individual basis". They also said, "We have a very small staff team but we do have some bank staff as well to ensure that we can cover holidays, meetings and training".

Medicines were managed to reduce the risks associated with them. Staff had received training to safely administer medicines and competency checks were carried out to ensure that they had the necessary skills. One member of staff we spoke with said, "I did very detailed training which lasted a few months. We always write everything down and then the manager checks it". We saw that accurate records were completed and that medicines were stored in a locked cupboard. This meant that the provider had systems in place to ensure that people received their medicines safely.

People were kept safe by staff who understood how to recognise and report suspected abuse. One person told us, "I feel safe. The carers come out with me". A relative we spoke with said, "My relative is definitely safe and well cared for". Staff we spoke with knew what signs of abuse could look like and could tell us how they would manage any concerns that they had. One member of staff said, "I would tell the manager if I was worried and if they didn't do anything then I would go to the local authority or even the police if I needed to". We saw that there was a procedure in place for reporting concerns and the registered manager explained how they had recently updated this and arranged for staff to have refresher training with the local authority to ensure their knowledge was up to date.

The provider followed recruitment procedures to ensure that staff were safe to work with people who used the service. Staff told us that their references were followed up and a Disclosure and Barring Service (DBS) check was carried out before they could start work. The DBS is the national agency that keeps records of criminal convictions. One member of staff we spoke with said, "I had all of the checks done before I started". Records that we reviewed confirmed that these checks had been made and completed before new staff were able to start working in the home.

Is the service effective?

Our findings

At our last inspection we found that people's capacity to consent to care had not been assessed in line with the Mental Capacity Act (2005). 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 homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At this inspection we saw that the provider had made some improvements however further improvement were still required. We saw that some capacity assessments had been completed to review whether people could consent to their care. The provider had identified where some people had restrictions placed upon them. They had made applications for DoLS authorisations to legally restrict their liberty, to maintain their safety. However, they had not assessed their capacity for other decisions. For example, significant changes had occurred within the home, including who lived there and how the care and support may be re-designed in the future. People had not had their capacity assessed to review whether they could consent to these changes taking place. Additionally one person was no longer participating in a hobby they enjoyed because it was judged to be unsafe for them. However, there was no capacity and best interest decision process in place to assess whether they could make or contribute to this decision. This showed that the provider did not always ensure that people could consent to their care and treatment.

This is an on going breach in Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported by staff who had the skills and understanding to fulfil their roles effectively. When we asked one person if the staff knew how to look after them they replied, "Yes, of course they do!" One relative we spoke with said, "The staff do a good job, we have never had any worries". Staff told us that they had the training and support that they needed to enable them to provide support. One member of staff said, "I have had lots of training over the years and I have recently signed up to do a qualification which will mean that I am visited at work to be assessed". We looked at staff meeting minutes which showed that training was discussed and that the team supported each other by sharing ideas about how to meet people's needs.

People were included in meal planning each week. One member of staff told us, "At the beginning of each week we sit down and plan the menu with them. They both know the food that they like and are able to tell us what their choices are". When we spoke with the people who lived at the home they told us what they liked to eat during the week and where they liked to go out for meals. Records that we reviewed showed that consideration had been given to dietary adjustments to help people to maintain good health. This meant that the provider ensured that people had enough to eat and drink and maintained a balanced diet.

People had their healthcare needs met. One person said, "I go to the doctor". Another person indicated that they saw someone for their eyes and another person for their feet. A relative we spoke with said, "The manager lets me know when they have a check-up and what the outcome is". The registered manager told us that one person had declined some health appointments. Instead they supported them at home until they felt more comfortable and confident. We saw the person had agreed to resume their appointments. This showed that people were supported to maintain good health and to access healthcare services.

Is the service caring?

Our findings

We saw kind, caring relationships between staff and the people they supported. One person said, "I love all of the staff and I love the boss. I am happy here". When another person was asked if they were happy they signed that they were. One relative we spoke with said, "My relative has been there for a long time and they have always been happy. The staff really care about them and it's marvellous". We observed respectful, kind interaction between staff and the people they supported. They knew each other well and shared stories about nights out and parties they had gone to. We saw that the registered manager recognised when one person became distressed and asked a member of staff to support them to a quieter environment. They said, "I could see from their body language that they were starting to be uncomfortable. We have known each other a long time and so I know how they are feeling". This showed that they could recognise when someone was distressed and knew how to support them to relieve it.

People were supported to communicate their choices. The registered manager told us, "People communicate in different ways and we understand them including some signs; they are able to let us know what they want". We saw that people made choices about where they wanted to go and how they spent their day. For example, after an afternoon out one person chose to watch a film and another person chose to spend time in their room listening to music.

We saw that people were encouraged to be independent. One person told us, "I like to peel the potatoes and clean my room". One healthcare professional we spoke with said, "The people who live there are encouraged towards independence and when I visit I often see them participating in household tasks". Records that we reviewed showed us that people were involved in cooking their meals and looking after their own belongings; for example, doing their laundry. This demonstrated that people were supported to gain daily living skills.

We saw that people's dignity was promoted and their privacy was upheld. The registered manager told us, "The two people have chosen to share a room. This means that they share bathing facilities but we make sure that they have their private space and time to do that". People told us that their families were welcome to visit and that they were supported to keep in touch with them by telephone. One person said, "My relative visits and then takes me out for a meal". They also told us that they would be attending a celebration for a member of the registered manager's family. The registered manager said, "We are like a family here and we make sure that they both are included in all of the important events".

Is the service responsive?

Our findings

At our last inspection we saw that people did not always have the chance to pursue their interests and hobbies. At this inspection we saw that people were supported to plan their activities at the beginning of the week to make sure that the support was in place for them. One person said, "I like to go to church. I really like it when they play the guitar there. I like to help [registered manager] on the computer". They also told us that they liked to go into the local town to the shops, the library and to visit old friends in their previous workplace. Another person described with assistance how they enjoyed listening to music and going out for an evening. Staff we spoke with said, "We go out somewhere most days and then also plan our time at home. We will often have a pamper session because everyone enjoys a foot spa and a face mask". The registered manager told us, "We recognise that the two people who live here choose to do most things together and so we try to work with them to do some activities independently. They usually still choose to stay together though". One health professional we spoke with said, "Staff know people really well and really focus on them. They try to ensure a balance between encouraging them to participate in new things and recognising the mutual support they get from each other".

Staff knew people well and could describe their preferences. They could explain when people liked to be busy and also that it was important to them to have some relaxation time. Staff knew what was in people's care plans and one member of staff told us, "We keep records every day so that we know how people are and if anything has changed for them". We saw that care plans were personalised and reviewed regularly to ensure that they were correct and up to date.

Relatives were involved in planning and reviewing people's care. One relative said, "They keep me updated and I know that there are plans in place at the moment to change the home. I don't know the details yet because it is still being worked out but I am certain that the registered manager will talk with us about them".

People and their relatives knew how to raise any concerns or complaints that they had. One person told us, "I'd speak to [registered manager] if I was worried about anything". A relative said, "I would feel comfortable saying if anything was wrong but my relative has always been happy there". We saw that there was a notice on a communal board which detailed how to complain. The provider had a procedure in place to deal with complaints although they had not received any since the last inspection.

Is the service well-led?

Our findings

The registered manager had not notified us of important events that occurred in the service which meant we were unable to check whether appropriate action had been taken. We did not receive notification of the death of someone who used the service, which is required under the terms of their registration.

Additionally we were not informed of renovation work taking place in the home which meant that people were unable to use communal areas of the home. We were also not advised that some of the rooms that were registered for care were being used by the provider and their family. This may mean that the service is not being provided in accordance with the registration requirements.

This evidence demonstrates a breach of Care Quality Commission (Registration) Regulations 2009: Regulation 18

At our last inspection we saw that people who used the service and their relatives were not involved in quality assurance feedback which could be used to improve practice and the quality of the overall service provided. At this inspection we saw that the provider had sent surveys to the relatives of people that they supported and they had received positive feedback about the service. They had spent some time with people asking for their feedback and the registered manager also had regular meetings with them to plan the delivery of their care and support. Their feedback was used to plan staffing levels for activities and to decide on holidays and parties. This demonstrated that people were included in developing the service.

People told us that they knew the registered manager well and could speak with them anytime they needed to. One person said, "[name] is the boss and the owner and a carer". Relatives we spoke with described an open culture and we saw that when one phoned the home the registered manager greeted them warmly and let them know any news from the past week.

Staff we spoke with were enthusiastic about working at the home and the support they received. One member of staff said, "We get lots of support from the manager and she checks up on what we are doing to make sure we are all getting it right". Another member of staff said, "Even though we are a very small team of four we do still have regular team meetings and that is useful so that to talk about things we need to do better". Staff were clear about their responsibilities. One member of staff said, "As a senior I have responsibility to support the other staff and I do some of the appraisals. We have some things which are set on a weekly rota like cleaning to make sure it gets done".

Audits were completed regularly to drive quality improvement. These included the management of medicines. The registered manager told us that they completed the audits and we saw that they had been reviewed by an external professional as an additional check on the service. . The registered manager had worked closely with the local authority to implement an action plan to improve their recording and systems and these had been agreed as completed. The last inspection report was displayed in a conspicuous position in a communal area in line with our regulations.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider did not notify CQC of events that may affect the provider's ability to provide care and support safely or in line with the regulated activity.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent People did not always have their capacity assessed to consent to decisions about their care and treatment
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risk was not always assessed or mitigated to ensure that care and treatment was provided to people in a safe way.