Independence with Care Ltd

The Shires

Inspection report

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Date of inspection visit:
20 June 2016
21 June 2016

Date of publication:
02 August 2016

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 20 and 21 June 2016 and was announced.

The Shires provides residential care for up to seven younger people who are living with a learning disability. At the time of this inspection there were seven people living within the home. The accommodation was over two floors with communal areas and private bedrooms for all those living there.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff had been recruited following appropriate checks to ensure they were suitable to work in health and social care. There were enough suitably skilled staff to meet people's individual needs in a person centred way.

People received care and support from staff that were happy in their roles, felt supported and worked well as a team. They had received an induction and regular training and support to assist them in supporting the people who lived there.

An open culture was evident and people were encouraged to contribute to the running of the home. All people were treated with respect and the dignity and privacy of those living there was promoted. People had choice in their daily lives and were supported to be as independent as they wished.

The service had processes in place to help protect people from the risk of abuse. Staff had knowledge of how to protect, prevent, identify and report abuse and demonstrated they understood what symptoms may indicate a person was being abused.

The risks to individuals had been identified and suitably managed. The risks associated with the premises, environment and work practices had not been fully identified. However, the service had identified this and was working towards addressing this.

Accidents and incidents were robustly recorded and actions taken to reduce the likelihood of reoccurrence. They were used to help improve the service and reduce further risk. People received their medicines in a safe manner and as the prescriber intended.

The CQC is required to monitor the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and report on what we find. The service was working within the MCA although not all staff had a working knowledge of the legislation. The service did not provide training in the MCA as part of its mandatory package.

People's nutritional needs were met and there was a collaborative approach to meal planning and preparation. Access to a wide range of healthcare services was available and people got support to access these where required.

People received care and support that was person-centred and met their individual needs. People had been involved in planning the support they needed and their care plans were accurate and detailed. Although they weren't always reviewed on a regular basis, staff knew the needs and preferences of those they supported.

The providers sought people's views on the service in order to develop and improve. An auditing system was in place to monitor the quality of the service and this was effective. Regular meetings were held for the management team and staff so that the service provision could be discussed and opinions voiced.

The management team were visible and supportive. People spoke highly of them and their positive, open and considerate approach.

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.

Staff were knowledgeable in safeguarding procedures and the service had processes in place to help protect people from the risk of abuse.

People were protected from the risk of avoidable harm as detailed risk assessments were in place. Staff had knowledge of these risks and what was required to help reduce them.

People received their medicines safely and in the manner in which the prescriber intended.

Is the service effective?

Good

The service was effective.

Although staff had not always received up to date training, they demonstrated that they had the skills and knowledge to support people who used the service.

Most staff had knowledge of the MCA and the service worked within its principles.

People's nutritional needs were met and they played an active role in the planning and preparation of menus.

Is the service caring?

Good

The service was caring.

People were treated respectfully and their choice, independence, dignity and privacy was maintained and encouraged.

Staff were described as caring, kind and helpful by the people who used the service and their relatives.

Care and support plans were developed with the people who used the service.

Is the service responsive?

Good

The service was responsive.

People benefited from having support from staff that knew individual's preferences, likes, dislikes and needs.

Care and support was delivered in a person-centred manner that met people's individual needs.

The people who used the service, and their relatives, felt confident that any concerns they may have would be addressed by the service.

Is the service well-led?

Good

The service was well-led.

An open culture was in place that encouraged people, relatives and staff to make suggestions for improvements.

An effective auditing system was in place that monitored the quality of the service and was used to develop it further.

People benefited from a staff team that worked well as a team and supported each other.

The Shires

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 took place on 20 and 21 June 2016 and was announced. We gave the service 48 hours' notice of the inspection. This was because it is small and we wanted to make sure that staff and the people who used the service would be available to speak with us.

The inspection was carried out by one inspector. On the first day of the inspection the general manager was present along with the two directors for the provider. On the second day of our visit, one of the provider's directors was present. The registered manager was not present during the inspection.

Before we carried out the inspection we reviewed the information we held about the service. This included any statutory notifications the provider had sent us in the last year. A statutory notification contains information about significant events that affect people's safety, which the provider is required to send to us by law. We also contacted the local safeguarding team and the local quality assurance team for their views on the service.

During our inspection we spoke with three people who used the service. Shortly before our inspection, one relative provided us with written feedback. We also gained verbal feedback from the relatives of two people who used the service. We spoke with the two directors for the provider, the general manager and two support workers.

We viewed the care and support records for all seven people who used the service. We tracked the care and support three of these people received. We also viewed the medicine administration record (MAR) charts for five who used the service.

Records in relation to the management of the home were also viewed. These included staff training records, the home's quality auditing system, accident and incident records and minutes from meetings held.

Good

Is the service safe?

Our findings

The people who lived at The Shires told us they felt safe living within the home. One person said, "They [staff] make me feel safe". The relatives we spoke with also had no concerns in relation to their family member's safety. One relative told us that their family member was, "Absolutely safe."

Processes were in place to help protect people from the risk of abuse. The staff we spoke with were knowledgeable in how to prevent, identify and report abuse or potential abuse. They could identify signs that may indicate a person was being abused. For example, one staff member explained how a change in a person's attitude and their withdrawal alerted them to the possibility of abuse taking place. The staff member demonstrated that they managed this situation appropriately and took the correct action to safeguard the individual.

Another staff member was able to give us examples of the types of abuse people could experience and what actions constituted each of these. For example, they explained that not following a plan of care or supporting a person in a way that did not maintain their dignity could constitute abuse. Staff also demonstrated that they knew how to report any concerns they may have both inside and outside of the service.

All the staff we spoke with had confidence that any concerns they may have would be dealt with quickly and appropriately by the management team. One staff member was able to give us an example of this that demonstrated the service's process for safeguarding the people they supported was effective.

The service had identified the risks to people who used the service and these had been recorded and regularly reviewed. They showed what the risk was and what actions had been taken as well as what additional actions were required to reduce those risks. For example, the service had identified the risks associated with specific medical conditions and how these related to the individual. The risk assessments were individual to the person and stated what support the person needed to help manage that risk and keep them well. These had been signed and agreed by both staff and the person they related to.

When we spoke with staff they clearly demonstrated that they knew the risks associated with each individual they supported. They were able to explain what individual support they provided in order to keep people safe. For example, staff told us what they did to help prevent a person's medical condition from deteriorating, the symptoms that may indicate a decline in their health and what actions they would take in the event of this.

The service had a detailed risk assessment in place in the event of a fire but no other risks had been recorded in relation to the premises or work practices. However, one of the director's for the provider explained that this had been identified and that a specialist company had recently been employed to assess and review those risks.

From the accident and incidents records we viewed, we saw that the service thoroughly recorded and

analysed any incidents that occurred and took prompt and appropriate action to prevent future occurrences. The records demonstrated that the service learnt from incidents and used them to mitigate future risk. For example, following an incident where the wrong medication was sent home with a person who used the service, a new process had been developed to help reduce the risk of this happening again. The person had not experienced harm as a result of this incident but the service demonstrated that they understood the potential risk associated with it.

The service had processes in place to ensure that the people who used the service were protected against the risks associated with the employment of staff who were not suitable. This included obtaining employment references and completing a police check on potential employees. The service also used two staff members to interview potential employees and this was seen on one day of the inspection. All the staff we spoke with told us these checks had been completed prior to them starting in their roles.

The people who used the service, and the staff we spoke with, told us there were enough staff to meet people's individual needs. One person who used the service said, "I get the help I need when I need it." Another person explained how the staff helped them to do what they wanted at a time they chose. A third person said staff spent time with them and that, "It's nice." Although some of the staff we spoke with felt the shifts were long, they agreed that people's needs were met on an individual basis by the staffing levels and shift patterns the service had employed.

We looked at the medication administration record (MAR) charts and associated documents for five people who used the service. This was to see whether people received their medicines as the prescriber had intended and in a way that was safe and followed good practice guidance.

We saw that medicines were securely stored and that only those that had the authority to do so had access to them. The MAR charts we viewed were legible, complete, accurate and matched the dosage instructions on people's individual medicines. From these charts we were able to ascertain that medicines had been given as the prescriber intended.

The temperature of the fridge where medicines were stored had been checked on a daily basis to ensure correct temperatures were maintained. However, the environmental temperature where non-refrigerated medicines were stored, had not been checked or recorded. When we brought this to the attention of the general manager they told us this would be actioned.

We saw that medicines had been counted as they had arrived in the home and that staff had signed to say this had been completed. This was to ensure that an audit of medicines could be completed at any time. For example, in the event of an incident occurring such as a potential medicines administration error. The staff we spoke with demonstrated that they understood what actions were required in the event of a medicines administration error. This included gaining immediate medical intervention, following medical advice, reporting and recording the incident and monitoring the person for any adverse effects.

For the one person who chose to self-medicate, the service had completed an individual risk assessment to ensure the risks associated with this were mitigated. During our inspection we saw that the control measures recorded were in place and appropriate to the individual and level of risk.

Good

Is the service effective?

Our findings

The people who used the service told us that they trusted the staff and that they gave them the support they needed at a time they required. People told us that staff had the necessary skills to perform their roles. One person who used the service who was currently experiencing health issues said, "They know what I'm going through and support me." Another said, "They [staff] help me." One relative we spoke with said that staff were skilled in supporting their family member. They told us of a particular situation where their family member required extra support and said, "Staff supported [family member] really well."

When we spoke with the staff they told us that they had received an induction and training in their role. They told us that the induction they had received was flexible to their needs and prepared them well for their role. They told us that they were encouraged by the provider to complete further qualifications. All felt the level of training was acceptable however the support staff we spoke with told us that they would prefer more face to face training. They told us that most training was currently completed online.

Staff also told us that they had received training in meeting people's individual needs. For example, staff had received training in administering specific medicines. However, for some staff this was not up to date. Out of the eight staff who had been trained to administer insulin, a medicine to manage diabetes, six had not received an assessment within the last year. Four staff members had not received one for the past three years. In order for staff to safely continue to carry out the administration of insulin, a yearly training update and assessment was necessary. This had not been consistently completed. Although the person who was prescribed insulin had not been harmed as a result of this, it could put them at risk of potential harm.

When we discussed this with one of the provider's directors, they told us it had been the responsibility of the registered manager to ensure this training was up to date. They told us that they would discuss this with them as an urgent matter.

Most staff felt supported by the management team and their colleagues and told us that communication within the service was good. One said of the providers, "I know I can always talk to them." Whilst another said of the registered manager, "[Registered manager] is very good – approachable, understanding and caring towards staff and the people who use the service."

The service had processes in place to aid communication. A senior staff member was always on call to assist staff with any emergencies or queries they may have. Support was also provided from staff at the provider's other service as required. In addition, the service used a communication and message book to ensure staff kept up to date with any changes. Staff told us this worked well. One staff member told us that, at the start of their shift, they also read the daily logs of each person who used the service to ensure they had all the information they needed to keep people well and safe.

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 Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

All of the people who lived at The Shires had capacity to make decisions in most areas of their lives. The staff encouraged them to make their own decisions and provided support as required. One person told us about a number of occasions where staff had supported them to make decisions in their life. These ranged from decisions on everyday living to those that had had an impact on their life and relationships.

When we discussed the MCA with staff they demonstrated that they understood the importance of gaining a person's consent before supporting them. Out of the three staff members we spoke with, two understood the MCA and DoLS and could tell us how these applied to the people they supported. However, a third staff member told us that they did not have knowledge on the legislation but that the provider had supplied them with information to read. We also saw that information on the MCA and DoLS was available to staff within the care office. However, from the training records we viewed, we saw that the service had not supplied this training to their staff.

People's nutritional needs were met and we saw that the service worked in collaboration with the people who used the service to set the menu. People told us they enjoyed the food served. They were encouraged to contribute ideas to the menu choices and some assisted in shopping for food items and the preparation of meals. We saw from the records we viewed, that healthy eating had been encouraged and discussed amongst the staff and those that used the service. As a group, they had agreed on some healthy eating choices and put in place healthier alternatives. However, people had choice in what they had to eat and drink and staff supported them in these decisions where required.

The staff assisted people to access a wide range of healthcare services as required. One person who used the service told us how staff had helped them access a mental health service when they were experiencing difficulties. One relative we spoke with told us that staff always accompanied their family member to healthcare appointments and made sure they were updated following the visit. From the records we viewed, we saw that people received the healthcare intervention they required and that the service was pro-active in assisting people to maintain their health and wellbeing.

Good

Is the service caring?

Our findings

The service demonstrated that they provided care and support that was compassionate, considerate and enabling. People told us that the staff were kind, approachable and helpful. When we asked one person who used the service why they liked living at The Shires, they said it was due to the caring nature of the staff. Another person who told us that they had recently needed extra emotional support said the staff had been, "Excellent" in the support they had given them. One relative described the staff as, "Amazing and very caring." They told us that the general manager was, "Supportive and very caring." Whilst a visitor said, "The staff appear to value [friend] and treat them with obvious affection and respect."

During our inspection we saw that staff treated the people who lived at The Shires with respect. They showed interest in the welfare of those they supported and spent time chatting amicably with them. For example, we saw that, as people left the home to go about their day, staff made sure they had everything they needed and wished them a good day. On their return, staff asked them how their day had been and asked if they needed anything. We saw that people were happy to talk with staff about what they had achieved and that staff interacted positively with them.

The staff we spoke with demonstrated that they knew the individual needs of those they supported. They were able to tell us their likes, dislikes, preferences, the support they required and any risks associated with each individual. For example, staff supported two people with complex health needs. Staff were able to tell us how these health needs affected the individuals and what support was required to maintain their health. In the event of their health declining due to their health conditions, staff were able to tell us what actions they needed to take to keep those people safe and well.

We saw that people's dignity, confidentiality and privacy were maintained. They had their own rooms which were personalised and individual to them. One visitor we spoke with said of a person who used the service, "They take pleasure in their own room surrounded by their many treasured possessions." People told us they had the choice of where they spent their time and had the option to spend time away from others in the privacy of their own rooms.

Staff maintained people's dignity and described ways in which they promoted this. For example, one staff member told us how important it was to administer one person's medicines in private to maintain their dignity. Another described the actions they took to ensure one person felt comfortable and in control whilst personal care was being delivered. This same staff member also explained how they ensured confidentiality was maintained by discussing personal issues in private. We observed this happening during our inspection.

People had choice and their independence was encouraged. One person who used the service said, "I'm now more independent. I used to be driven around by my family but I now walk and use public transport on my own." One relative we spoke with told us, "[Family member] is proud of leaving home and being independent." They went on to explain the daily living tasks the person could now do which included working within the local community. We could see from the records we viewed that the service assisted people to be as independent as possible and that they provided the support required for this.

The people who used the service had been fully involved in planning the care and support they wanted and required from staff. The relatives we spoke with also told us that they were, where appropriate, consulted and kept informed. One relative told us that they were always involved in decisions around the plan of care and support for their family member. The records we viewed showed that people had been consulted and had signed to say they agreed with the plan. We saw that where risks to individuals had been identified, these had been discussed with them and actions agreed in response.

The service had no restrictions and, in agreement with their family member, family and friends could visit whenever they wished. One person who used the service told us how the staff supported them to keep in touch with a close family member. They told us, "Whenever I want to see [family member], all I have to do is ask and there's never any hesitation."

Good

Is the service responsive?

Our findings

The individual needs of those who used the service were met in a person-centred manner. People told us that they were happy living at The Shires. One person who used the service said, "The staff spoil us." Whilst another told us, "Nothing could be better". This person went on to explain the impact the support they received had on them. They said, "It makes me feel better." The relatives we spoke with agreed. One said, "[Family member's] needs are definitely met." A second relative told us, "I'm perfectly happy with the care."

The staff we spoke with demonstrated that they had knowledge of the needs of the individuals they supported and that these were met in a person-centred manner. They told us there were enough staff to achieve this. One staff member told us that their goal was to keep the people they supported both mentally and physically well and that this was realised. Another staff member said, "Individual needs are definitely met." They went on to explain that staff were guests in the home, there to assist the people who lived there to achieve their goals. They said, "This is definitely their home." The service had a key worker system in place to assist staff in getting to know individuals and help build relationships.

We viewed the care and support records for all seven people living in the service. However, three of these were looked at in detail to ensure that those people's needs had been identified, assessed and reviewed in a person-centred way. Each person had a 'pen picture' in place that gave an overview of that individual. These gave enough information to capture the person and what support they required. For example, they contained information such as the individual's personality, what made them happy and what support they required. They were accurate and up to date.

The support plans we viewed were detailed and covered all areas of daily living that was individual to each person. For example, one person had a particular medical condition who required staff to support them to maintain their health and wellbeing. This support plan gave staff information on what the condition was, how it affected the individual and what was required of them to assist the person. It also gave staff detailed information on how to identify if the person was unwell in relation to their condition and what actions they needed to take. It was individual to the person and we could see that the individual, staff and a healthcare professional had been involved in the plan of support.

For another person who used the service, there was no support plan in place for a particular medical condition. However, when we spoke with staff they could tell us what this was and how it affected the individual. They were able to tell us what symptoms to be aware of that may suggest the person was unwell and what actions to take. Medicines were available to treat the individual should they become unwell together with information on how to administer it. Although staff had good knowledge of how to meet this person's needs in relation to this medical condition, there was no support plan in place for staff to refer to which would help avoid potential harm to the individual.

The support plans we viewed were accurate and up to date. They covered areas of people's lives such as safety, mental health, communication, finances, work, learning and leisure and social networks. All were individual to the person and showed that they had been involved in the plan. They concentrated on

people's strengths and what was important to them as well as giving information on the support they required.

The service also had support plans in place to meet people's social and leisure needs. These were individual to each person's circumstances and included information such as family relationships, work placements and hobbies and interests. They detailed what support the person required and what was important to them. Each person had a timetable in place that detailed how they spent their week. For example, classes they attended and what days they worked.

When we spoke with the people who used the service, they told us they worked, attended other services and engaged in hobbies and interests. They said they always had plenty to do. One person told us of the activities they participated in with staff, the holidays they had been on and how they spent their week. They also told us of the positive impact that had been achieved by the friendships with others who lived at The Shires. They said, "I'm happy." The relatives we spoke with agreed that the service supported people to maintain friendships and engage in social activities and hobbies. One relative listed the many activities their family member participated in.

During our inspection we saw that the people who used the service came and went freely as they participated in various placements and activities. We saw that staff offered support as was required in relation to this.

The people we spoke with who used the service told us that they trusted the staff and would feel comfortable speaking with them if they had any concerns or worries. One person said, "If I had any worries, I'd go to staff. They would sit me down and say 'what's worrying you?'." This person told us about a time when staff helped them with a problem they had. They told us that staff had been supportive and helpful. Another person told us, "They [staff] listen to you if you have any problems."

None of the relatives we spoke with had had a reason to make a complaint to the service. However, all those we spoke with told us that they would feel comfortable in raising any concerns they may have. They told us that they felt confident the service would listen and respond appropriately. One relative said, "Any problem, I know I can just pick up the phone or go to see someone." Another relative told us that in the many years their family member had lived at The Shires, they had never had any reason to make a complaint or raise a concern.

Good

Is the service well-led?

Our findings

The people we spoke with talked highly of the management team and the way the service was operated. One relative we spoke with told us the service kept them informed about their family member and any plans with the service. One staff member told us, "[The providers] are so helpful and supportive." Whilst another staff member said of the providers, "I can't fault them. I know I can always talk to them, You couldn't ask for better people."

The home had an open and collaborative approach that used analysis of incidents to improve the service they delivered. Staff told us that they felt the management team were honest in their approach and addressed any concerns they may have. Two of the staff we spoke with gave us examples of issues they had approached the providers with. They told us that these had been dealt with promptly and appropriately.

The people who used the service were encouraged to participate in the running of the home and make decisions around this. For example, one person told us that they had meetings where they all agreed on what meals they would prepare for the weeks ahead. The staff we spoke with told us that the running of the home was a joint effort. One said, "It's their home but we do everything together. It's definitely independence with care." During our inspection we saw that people assisted with the cooking and meal preparation and that a roster for this had been agreed and was on display.

The service had an auditing system in place to monitor the quality of the service and drive improvement. The system covered areas of the service such as record keeping, finances, cleaning and medicines administration. These had recently been completed and were effective. Management meetings were regularly held where any issues with the quality of the service were discussed and actions agreed. A named person was then allocated tasks to help rectify any identified issues. This encouraged accountability, responsibility and showed a commitment to improve the service being delivered.

The home's management team were approachable, visible and supportive. All the people we spoke with who used the service told us they found the management team kind and that they listened to them. Staff agreed and told us they felt valued. One said of the providers, "They are very kind people. They are approachable and they don't intimidate you." Another spoke positively about how the providers managed confidentiality within the service. They said, "I respect them for their confidentiality. They do the right thing." A third staff member told us they were comfortable in approaching management with any concerns they may have.

The staff we spoke with told us they worked well as a team and that they found each other supportive. One staff member told us they worked in a, "Respectful team." Whilst another said of the general manager, "She's brilliant because she listens." Staff told us that morale amongst the team was a little low due to a number of staff recently leaving the service. However, staff told us that they had confidence that the providers would manage this and that new staff would be appointed shortly.

The providers sought people's views on the service and this was completed via questionnaires and

meetings. A questionnaire had been completed in April 2016 by the people who used the service which showed people were happy with the service provided. This covered areas such as the care and support received, staff approach, healthcare provision, safety and the home's environment. The relatives we spoke with told us the service also sought their views on a regular basis. Staff had the opportunity to voice their opinions in regular staff meetings and they told us they felt comfortable with this. We saw records that showed these meetings were used to discuss the service, offer praise to staff and to discuss any concerns they may have. In addition, the management team regularly met where concerns or issues were discussed and solutions sought.

The service had a registered manager in place as required and we know from the information held about this organisation that the service had reported incidents to the CQC as required.