Innovations Wiltshire Limited

1 Stratton Road

Inspection report

1 Stratton Rd
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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

Overall summary

1 Stratton Road is a care home service registered to provide personal care for up to 3 people who have a learning disability. The home is a semi-detached house situated in a quiet residential area. It is part of Innovations Wiltshire Limited; a provider of several other care home services in the area. The ground and first floor of the home were divided up into three flatlets with the staff accommodation situated on the second floor.

The inspection was unannounced and the visit took place over the 9 and 10 September 2015.

The service had a registered manager who was responsible for the day to day running of the home. 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.

Each person who uses the service had their own personalised care plan which promoted their individual choices and preferences. The great majority of these

Summary of findings

records were complete, accurate and up to date. However we found one key set of records was missing. The service took immediate steps to resolve this and the records were put in place on 11 September 2015. We have made a recommendation about auditing of record keeping which can be found in the full report.

Staff responded flexibly and sensitively to people's changing needs which had a positive effect on their quality of life. People told us that they trusted staff, and would talk to them if they had a problem. The staff team worked in partnership with other organisations to promote people's well-being and safety. This included providing advocacy when necessary.

The premises were safe, clean, homely and well maintained. Each person had their own bed room, bathroom and sitting room areas.

The service had arrangements in place to protect people from abuse and avoidable harm. People said they felt safe living at the home. Staff were aware of their safeguarding responsibilities and showed positive attitude to this, and also to whistleblowing.

People were assisted to go out into the community to enjoy leisure time and also to attend health appointments.

We saw people were well cared for and relaxed in the home. They were confident to ask staff for help and staff responded with kindness, humour and warmth. Everyone who lives at 1 Stratton Road spoke positively about the staff, and about living at the home.

There was a complaints procedure in place. The service had not received any complaints since the last inspection on 9 June 2014.

We observed that people were given choices and consulted about their care. Family members said they were kept informed by staff and felt welcome at the home.

Staff members said they were well supported and felt valued by the management team.

Other professionals informed us that the staff worked in good partnership with them and with people who use the service. One professional said the team was open to suggestion and always approachable. Another said that the team implemented agreed actions in an efficient and timely way.

Summary of findings

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 safe.

Good

Care plans and risk assessments were used by the staff.

Staff were able to demonstrate good understanding and attitude towards the prevention of abuse and keeping people safe.

The service maintained a clean, safe environment.

The service operated a safe system for recruitment and provided sufficient staff to meet people's needs.

Is the service effective?
The service was effective.

Good

Necessary applications for the authorisation lawfully to deprive people of their liberty had been made.

Staff were supported to carry out their work effectively as possible.

People had access to food and drink throughout the day and were provided with support to eat and drink where necessary.

The premises had been adapted to people's needs.

The service had systems in place for keeping up to date with best practice.

The service had system in place to obtain people's consent and was in the process of developing systems to be used should people lack capacity to agree to aspects of their care in the future.

Is the service caring?
The service was caring.

Good

Staff members had built trusting relationships with people; they knew people well and provided support with kindness and compassion.

Care was provided in a respectful manner which protected people's dignity and confidentiality.

People were encouraged to express their views and preferences.

Is the service responsive?
The service was responsive.

Good

The service sought and acted on feedback and comments from people and those who were important to them.

Care and support were provided in a person centred manner which promoted choice and reflected people's individual preferences.

The service had a system to act on complaints and comments.

Summary of findings

People and their families participated in decision making about the care provided.

People were supported to have activities and interests and access to the community.

The service had effective systems in place to share information with other services.

Is the service well-led?

Good 

The service was well-led.

The service had quality assurance and information gathering systems in place so that learning and improvements could take place.

Staff members said they felt sufficiently trained and that they felt valued by the management team.

The service had made community links.

There was an open and inclusive culture in the home: staff, people who use the service and those important to them expressed confidence to raise any concerns.

Policies and procedures were in the process of being updated.

1 Stratton 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 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.

One inspector carried out this inspection which took place on 9 and 10 September 2015. The first day of the inspection was unannounced. Before the inspection we reviewed the information we held about the service. We read the 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.

People living in the home were able to tell us what they thought of the service. We observed the care provided to people who use the service to help us understand their experiences. We looked around the premises and observed care practices throughout the day.

We spoke with the registered manager, the trainee manager and the general manager. In addition we spoke with four members of the care staff. We also spoke with the three people who use the service, two relatives and health professionals who had regular contact with the service.

We reviewed three care plans and their associated risk assessments and records. We analysed three staff recruitment files plus training, supervision and appraisal records. We checked documents including audits, and menus. We read some of the records made when one shift of staff 'handed over' to the following shift plus the staff communication book, and the daily records made by staff.

We also checked cleaning schedules, surveys, policies and procedures, medication records, activities recording, and staff rotas. We also reviewed incident and accident reports.

Good

Is the service safe?

Our findings

People's health and safety were promoted by a safe and clean environment. Staff informed us that cleaning responsibilities were set out in the cleaning schedules. Staff were aware of how to promote infection control. We saw they had the necessary resources and systems to put this into practice.

Staff said they followed the guidance set out in personal care plans and risk assessments. The service had taken steps to ensure that risks to people were managed. These steps included ensuring people had necessary equipment to help them move about safely. Other measures included staff members' ability to make judgements when it was necessary for 'as required' (PRN) medication to be offered to people. Risks were also reduced because people were provided with continuous access to staff support, and staff made sure they made regular checks on people's needs if this was required. This helped to protect people from risks associated with their care.

Staff also reduced risks by offering people choices, negotiating with them and adopting a consistent and calm approach. This contributed to a calm and respectful atmosphere in the home. People said they trusted staff and felt able to talk to them about any anxieties. Risks were further reduced by the layout of the home which provided people with their own private space at any time.

Staff kept daily records and communicated any changes in people's needs, or concerns about care provision, to each other. This was done both verbally and through a communication book. Staff were also updated in team and supervision meetings This meant that they were quickly aware of any issues or changes in relation to providing appropriate, safe care.

The service had arrangements in place to protect people from abuse and avoidable harm. Everyone we spoke with said they felt safe at 1 Stratton Road. Staff had received training on safeguarding and showed good understanding and positive attitude towards this. They were clear on what to do if they suspected a person who uses the service had either been harmed or was at risk of harm. Care staff were aware of the service's safeguarding and whistle blowing policies and procedures, and said they felt confident to report any concerns or risks and that these would be acted upon.

Individual medicine administration records showed that people were being given the correct medicines, as prescribed, in a safe way. We found that for some of the medicines not pre-dispensed into blister packs by the pharmacy, the service had recorded the balance of the total medicines received against medicines administered, destroyed or returned. This was rectified by the registered manager on 10 September 2015.

People's safety was promoted by guidance to staff on when 'as and when' (PRN) medications should be offered. These medicines were used for example, for pain relief or to relieve anxiety. For people who had specific heath conditions, individualised records to guide staff on how best to care for that person, were in place.

The staff rotas showed that there were enough staff on duty to promote safe care. Staff members told us that there were always sufficient numbers of staff on duty to provide the care and support that people needed. We observed that staff responded to people's needs in a timely and unrushed manner.

The service had an accident and incident reporting system in place. We found that staff were aware of how to report incidents and accidents. The general manager said they were made aware of any incidents and we saw a central record and audit were kept so that learning could take place as necessary. The quality of the reporting often showed the insightfulness of staff and the holistic nature of the care they provided to people.

During the recruitment process the service obtained information to make judgements about the character, qualifications, skills and experience of its staff. The recruitment processes took steps to obtain proof of identity and qualifications of prospective employees. However, not all records included photographic evidence of the staff member's identity. The registered manager said this would be resolved. Disclosure and barring checks had taken place. The Disclosure and Barring Service helps employers make safer recruitment decisions by providing information about a person's criminal record and whether they were previously barred from working with adults.

Good

Is the service effective?

Our findings

CQC is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The MCA sets out what must be done to make sure that the rights of people who may lack mental capacity to make decisions are protected in relation to consent or refusal of care or treatment. This includes decisions about depriving people of their liberty so that they get the care and treatment they need where there is no less restrictive way of achieving this. DoLS require providers to submit applications to a 'Supervisory Body', the appropriate local authority, for authority to do so.

We were informed that the people who currently use the service are able to give their consent to reside at 1 Stratton Road and to make decisions about their care. However, there were no records of the service following the MCA Code of Practice statutory guidance to carry out necessary assessments of capacity. We have made a recommendation about this.

We found there was some confusion about how to put the MCA into practice, for example lack of understanding of restraint, and how the MCA may be used in situations where people may be unable to consent to this. Also lack of understanding of when an application for DoLS authorisations should be made.

However, this currently had little impact on people who use the service because we were informed they were able to make their own decisions. We observed that people were asked before care was given and they made their own decisions. We noted that people were involved in drawing up their care plans and signed them to indicate their consent.

The registered manager explained that better understanding, and necessary implementation, of the MCA was part of the home's development plan. We saw evidence of this development work in progress.

Suitable induction training was provided to staff members. Mandatory training included: first aid, fire safety, safeguarding, infection control, and medication administration. Staff said they were sufficiently trained and supported to carry out their work. The registered manager said they ensured best practice by observing staff and giving feedback. They said one member of the management team had a developmental lead role and kept the service up to date with new developments and good practice. The registered manager also said that supervision and appraisal meetings were used to promote best practice.

The staff we spoke with said they were happy with their current supervision, appraisal and team meeting arrangements, and that they had access to on call management support by phone.

The care plans provided information on people's communication needs and guided staff on how effective communication may be achieved. We observed staff communicated well with people; they provided clear explanations and listened to people's views.

People had access to sufficient food and drink throughout the day and were encouraged to have a healthy diet of fresh food and to make their own food choices. People were enabled to be independent with food and drink preparation where possible however, staff support was provided where necessary. Where necessary, speech and language advice in relation to eating and drinking had been sought and was followed. Also, specialist drinking utensils had been put in place to assist people. We were informed that the evening meal was usually a social occasion when everyone sat together to eat. People were very involved in choosing meals for the menu and informed us they had a good level of choice about what, where and when to eat.

Each person had a flatlet that was personalised with their belongings and decorated to their taste. The general manager said that the amount of space available to people in the home facilitated their choice either to be alone or to be with others whenever they wished. This promoted people's autonomy and emotional welfare. Other more specific adaptions had been made such as corner pads on walls to reduce the risk of injury from falling and adapted WCs and level access showers were in place to assist with transfers and access.

Staff members were aware of the need to help people have access to health services. People and their families told us they were provided with necessary help to make appointments. People's care records showed people were enabled to access a wide range of health services. We also saw that the advice of health colleagues had been implemented at the service.

Good

Is the service effective?

We recommend the service seek advice on the implementation of the MCA.

Good

Is the service caring?

Our findings

Care staff showed a good understanding of person centred care and were aware of people's history and goals. The care plans enabled staff to provide care accordance with people's individual preferences. This promoted their choices and diversity.

Trusting relationships had been established. People said they trusted and liked the staff team and felt able to talk with them. One person said, "They are lovely staff- the best." Each member of staff we spoke with demonstrated a warm respect for people.

Their comments and the records we read showed that staff were motivated to promote people's well-being and quality of life. Records showed that staff adopted a holistic approach which included caring for people's emotional and psychological well-being as well as their physical needs.

We saw that staff members promoted dignity and respect by asking people before they carried out care and knocking before entering people's rooms. In addition they offered explanations which kept people informed, helped them to make choices and valued them. Staff advocated for people in order to promote their well-being. Examples included enabling one person to have easier access to the community, and advocating for another person to carry on with an established routine which was important to them.

Our observations showed that staff listened and responded to peoples' day to day requests with patience, kindness and appropriate humour and banter.

Independence was promoted for example; people were supported to take part in some household tasks and food preparation. One professional we spoke with said staff "had got the balance right" between supporting people and enabling them to take responsibility where possible.

Staff and the management team were aware of the importance of protecting people's confidentiality; it was policy for each member of staff to sign a confidentiality agreement. Records were locked away with only appropriate people having access.

Good

Is the service responsive?

Our findings

The registered manager said that collaborative assessments, taking relevant information from all necessary sources, were undertaken when people came to live at 1 Stratton Road. A health professional who had been involved in the service's assessment and admission process said it was "top notch, I couldn't really ask for more."

Each person who uses the service had been involved in drawing up a written care plan which reflected their preferences and choices. Each person also had a Health Action Plan in place which helped them to understand and be involved in decisions about their health. We saw evidence that people were included in decisions about their health and care.

The registered manager said that the care plans were kept under continuous review in order to reflect people's changing needs and circumstances and we saw some evidence of this. During the inspection the registered manager introduced a system which gave clearer evidence of care plan reviews taking place. This matched the system that was already in place for recording monthly risk assessment reviews.

There were effective arrangements in place for communication between services to ensure care planning and to promote the health, safety and welfare of the people who use the service. We saw that people were enabled and supported to access necessary healthcare in a timely manner.

The service conducted regular monthly surveys in order to gain people's feedback. In addition, the registered manager said they frequently sat down and spoke with people to check on how they were feeling. They also said they maintained regular contact with families and other professionals. This was confirmed by the people we spoke with who said staff were approachable, open to suggestions and always tried to find solutions. We saw evidence that people were listened to and that staff took appropriate actions in response to their requests and choices. We were informed that later this year a satisfaction survey would be sent to people's relatives and also to professionals and colleagues.

Staff knew the people who use the service well and used this knowledge to support their well-being. Our conversations with staff showed that they worked as a team with a consistent approach which was responsive to people's fluctuating needs. Records showed that people were confident to approach staff if they needed help or felt anxious. Health professional said people benefitted form the consistent staff group that worked at the home.

People said they had no current concerns or complaints but if they did have a problem they would talk to staff. There was a complaints process in place and although no complaints had been made since out last inspection in June 2014, people said they would be confident to make a complaint.

People's satisfaction with the service was very high, one person said there was nothing they would change about the service, another said, "I'm happy here", and another gave the service a score of over 10 out of 10.

Regular activities included: arts and crafts, cookery, skittles, swimming, pub lunches, drumming, music and social gatherings at a local club. Other activities included shopping, barbeques, going to the cinema or a football match, watching television, word searches, drawing, manicures and baking. The provider had its own resource centre which people were able to use for activities and socialising if they wished to. The service enabled people have meaningful activities, and helped them to socialise and access community facilities.

Good

Is the service well-led?

Our findings

The service was well-led with a positive open culture. The staff we spoke with put the welfare and safety of people who use the service uppermost. People and their families told us they felt included in decisions and confident to express their views. The health professionals we spoke with said that staff kept in contact as necessary and worked in positive partnership to promote good care provision. Staff members said they felt valued and supported.

The provider had a quality and safety assurance system in place; a monthly return entitled 'manager's monthly service auditing tool for residential care services' and we saw this was completed regularly. This form gathered information on key aspects of the service which could be used to identify actions the service needed to take to improve or maintain the service. In addition spot checks were carried out by a member of the management team

We saw completed versions of the documents and commented that in some areas they lacked quantifiable and qualitative detail about required standards. The general manager explained this was partly to keep paperwork a reasonable level. However the audit systems had not identified that some records were missing such as a positive behaviour support plan, a risk assessment and records of the balance of medicines, and care plan reviews. We have made a recommendation about this.

All accident and incident reports were checked by the provider's general manager who took necessary action to reduce risks to people.

Environmental audits were carried out on a monthly basis. We saw necessary action had been taken to maintain and improve the environment, and people said the home was well maintained.

We were informed there was no written action plan in place for the service. However, the registered manager said that new developments included implementation of the MCA and new training for staff on how to defuse situations by using techniques such as de-escalation and diversion.

We were informed that the service employed a specialist manager with responsibility for development who kept the service up to date with new developments and good practice. Other systems used for keeping up with good practice included training and using information from the National Institute for Clinical Excellence and the Social Care Institute for Excellence websites. We were informed the service had made community links, for example one of the managers was co-chair of the Wiltshire Provider Forum.

We recommend the service seek advice to build on its current quality and safety assurance audit systems in relation to completeness of records for people who use the service, medicines management and MCA compliance.