

Innovations Wiltshire Limited

Innovations Wiltshire Limited - 10 The Crescent

Inspection report

10 The Crescent
Pewsey
Wiltshire
SN9 5DP

Tel: 01672562266

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection was carried out on the 8 January 2019 and was unannounced. 10 The Crescent 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 accommodation is a semi-detached house with a garden in Pewsey. 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.

There were two registered managers 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.

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated as Good:

People were supported to live their own lives by staff who enjoyed working at the service. People had personalised care plans, which gave staff the guidance needed to provide person-centred care and support.

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.

Risks had been identified and assessed. Systems were in place to make sure the environment was safe and regularly checked. Medicines were managed safely, people had their medicines as prescribed.

People were supported by staff that had been recruited safely. Staff were trained and had the skills needed to support people. Staff were aware of the different types of abuse and how to report any concerns.

Systems were in place to monitor the quality and safety of the service and the provider was continuously improving how the service operated. Staff worked with healthcare professionals to provide effective care that met people's needs.

Further information is in the detailed findings below.

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 remains safe.

Is the service effective?

Good ●

The service remains effective.

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Good ●

The service remains responsive.

Is the service well-led?

Good ●

The service remains well-led.

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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 8 January 2019 and was unannounced. It was carried out by one inspector.

Before our inspection visit, we reviewed the information we held about the service. We looked at information within the statutory notifications the provider had sent to us. A statutory notification is information about important events, which the provider is required to send us by law. We also reviewed information the provider had sent us in the provider information return (PIR). This is information the provider sends us annually to give us key information about the service, what the service does well and the improvements they plan to make.

During our inspection we spoke with one person and observed the care and support of three people. We spoke with two members of staff, the house manager, the registered manager, general manager and development director. We looked at two care plans, two recruitment files, medicines administration records, health and safety records and reviewed records relating to the management of the service.

Following our site visit we contacted four relatives and four healthcare professionals for their views on the service.

Is the service safe?

Our findings

People continued to receive a safe service. One person said, "I feel safe here, I can lock my door if I want to." One relative told us, "[Person] is definitely safe, always has staff support when they go out to keep them safe."

Systems were in place to identify risks and risk management plans were in place to give staff guidance on how to reduce risks. Risk assessments were reviewed as needed and covered a range of areas to keep people safe at the service and out in the community.

Regular safety checks took place. Fire systems were checked regularly, and external contractors serviced fire systems and equipment. The provider employed a maintenance worker who visited the premises to carry out maintenance. Monthly environment audits were completed to check the environment was safe. Recent audits had identified the flooring was ripped in places. We saw the provider had taken action to make the flooring safe. The registered manager told us the provider was in the process of identifying the best type of flooring before replacing it.

Accidents and incidents were recorded on incident forms and reviewed by the registered manager. Any learning or follow up actions were recorded on service action plans and monitored. The senior management team met weekly where incidents could be discussed to share any learning.

Recruitment was safe. The service obtained the necessary pre-employment information and carried out Disclosure and Barring Service checks (DBS). The DBS helps employers to make safer recruitment decisions and reduces the risk of unsuitable people from working with vulnerable people. Systems were in place to safeguard people from the risk of abuse. Staff received safeguarding training which was refreshed. Staff we spoke with were aware of safeguarding procedures and how to report any concerns. Staff were confident the management would take appropriate action.

There were sufficient numbers of staff to meet people's needs. The house manager told us they were responsible for the rotas and used dependency levels to organise staff deployment. The provider had a number of homes in the area and often had workers, known as 'floating workers', available for deployment when needed. For example, if a person wanted to do an activity which required additional staff the house manager could ask the 'floating worker' to help.

Medicines were stored and administered safely. Temperatures of medicine storage were being monitored by staff and records seen demonstrated they were in a safe range. Medicines administration records (MAR) were completed in full. The service used a pharmacy dosing system which meant that medicines came in 'dosette boxes'. This type of system reduced the risk of medicines errors. Topical medicines were recorded on MAR with a body map to guide staff on where to apply creams. There were 'as required' (PRN) protocols in place to support staff to administer this type of medicine.

The home was clean with no unpleasant odours. Domestic tasks were carried out by people as much as

possible with help from staff. There were supplies of personal protective equipment available and staff had received training on infection prevention and control and food hygiene.

Is the service effective?

Our findings

People continued to receive an effective service. People and their relatives thought the staff had the skills necessary to meet people's needs. One relative told us, "[Person] is cared for so well, staff give the right care, good care." One person told us, "Staff know what they are doing, they are good."

New staff received an induction and then a programme of ongoing training and updates as needed. The provider employed a training co-ordinator and a development director who supported staff to keep up to date. Staff received ongoing support from the provider and management through regular supervision. Staff we spoke with felt well supported and able to talk to the registered manager as and when they needed support. One member of staff told us, "Innovations are very supportive, I have regular supervision, but I can ring the manager at any time if I need to."

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. The service was working within the principles of the MCA. People's capacity had been assessed for specific decision making. Where it was found people lacked capacity, this was recorded and staff had held best interest meetings.

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). Whilst the service had applied for DoLS authorisations, the local authority had not yet assessed people. The local authority had contacted the service to explain the delay in assessments.

People enjoyed the food in the home. There was a menu board on a wall in the kitchen outlining the lunch options for the week. One person told us they were involved in menu planning and could choose whatever they wanted. We observed part of a lunch time and saw that people were happy with their choices and able to enjoy their meal in a relaxed environment. Drinks were freely available anytime for people. The registered manager told us people enjoyed eating their meals together which made meal times a social event. This was confirmed by what we observed.

People were supported to live healthy lives. People's needs had been assessed and they had their own health action plans. Referrals had been made to healthcare professionals such as speech and language therapists, community nurses and mental health teams. The registered manager told us staff had good relationships with healthcare professionals and welcomed their advice and support.

People had hospital passports outlining their needs. This would accompany people if they went to hospital so healthcare professionals would know what their needs were. There were also 'pen pictures' for people, which were a one-page summary of their needs. This was useful for staff to gain information at a glance.

The premises were homely and suitable for people's needs. There were two rooms available on the ground floor for people with reduced mobility. There was communal space available which we observed people using and the home had a garden.

Is the service caring?

Our findings

During our inspection we observed people were relaxed in the presence of the staff on duty. People knew the staff by name and often approached them for help and support. One person told us, "I love it here, I get on well with staff. All my friends are here." One relative told us, "[Person] loves it there, they don't want to move, it is a nice place." A member of staff told us, "I really enjoy working with the people at this service, I know them, I think continuity of care is important."

Staff interaction was kind and caring. Staff demonstrated patience and understanding of people's needs. We observed one person using gestures to communicate. The staff knew what they were saying and responded appropriately. Staff made sure they were on the same level as the person they were communicating with. Where people wanted to hold a staff member's hand staff responded. People were spoken to respectfully. One healthcare professional told us, 'My observation during a visit was that staff were courteous and respectful of people'.

People were supported by a team of staff who believed in a person-centred culture. People were supported to be as independent as possible. We observed one person being encouraged to change their own bed and do their own washing. Another person's records demonstrated that they were to be encouraged to wipe their place mat themselves. One person told us they enjoyed helping to do the food shopping online. They thought this was the best way to buy their food.

People were involved in their care and support as much as possible. One relative told us, "The staff always encourage [person] to be involved in the house, they involve them in everything." People had personalised their rooms, chosen colour schemes and furniture. One person had wanted shelves up in specific positions to display their DVD and CD collection. The maintenance person had helped to make sure shelves were up to the person's satisfaction.

People's rights were respected and promoted by staff and management. People's records were kept secure with only authorised staff able to access them. People had locks fitted to the door of their room, so their privacy was respected. One person who had gone out for the day had locked their room, staff respected this action and did not enter their room. A member of staff told us, "I am conscious that I work in somebody's home, this service is homely which is important as it belongs to the people who live here."

People were supported to maintain relationships that were important to them. Visitors were welcome without restrictions. Relatives we spoke with told us they could visit at any time. One relative said, "I go there anytime, staff always welcome you." One member of staff told us, "People living here all get on well, they are kind to each other and look out for each other." We observed people interacting with each other and saw mutual respect and understanding of personalities. One relative told us, "People living there get on well, took [relative] a while to get used to them, but they get along."

Is the service responsive?

Our findings

People were supported to follow their own interests with support from staff. During our inspection we saw that one person had chosen to go to the provider's activity centre in Pewsey. Staff told us this was a choice offered daily but if people did not want to go that was fine. Another person was offered the opportunity to attend in the afternoon but decided not to go.

Activities were available, and people were able to choose how they spent their time. One relative told us, "There are lots of activities for [person] to join in". People enjoyed listening to music, watching DVD's, going for walks and reading. We observed one person wanted to go for a walk to get some fresh air. Staff on duty organised to support this person to go for a walk in the local park. Another person enjoyed being able to visit their local church. The registered manager told us that due to the recent Christmas celebrations the person had been busy attending all local services.

People were supported to take care of the garden. Three raised beds had been built in the garden so that people could grow their own vegetables. One bed had been built so that a person in a wheelchair could access it easily. One person told us about how they enjoyed growing vegetables ready for Christmas dinner. They were looking forward to the warmer weather when they could plant some more seeds.

Where people required additional monitoring, this was in place. For example, one person required re-positioning to reduce the risk of developing pressure ulcers. The registered manager had put into place charts so staff could record times and changes of position. Where people required food and fluid monitoring this had been put into place. Records were reviewed by the house manager to make sure people were getting the care and support they required.

People's needs had been assessed and recorded in their care plans. People had their own personalised care plans that recorded a range of information. Staff kept daily notes for people which were written using appropriate language. People had their care and support reviewed regularly. People were supported by the local community team for people with learning disabilities who visited and reviewed care.

The provider was meeting the Accessible Information Standard which requires them to ask, record, flag and share information about people's communication needs. Care plans contained detail on people's communication needs and how best to communicate with them. Information for people was often simply written with a relevant picture. The registered manager told us they wanted to further improve records for one person. The person used their own communication gestures which was similar to Makaton. Makaton is a simple sign language that people with learning disabilities can use to communicate. The registered manager told us that they were going to develop a personalised picture gallery of the person's signs, so all staff would know what they were communicating.

The provider had a complaints policy and an easy read complaints procedure for people and their families. Since our last inspection the service had received no complaints. People and relatives we spoke with knew how to complain and were confident any concerns would be addressed.

End of life care was provided. The provider told us they had made a decision to support palliative care for people as the staff knew people well. They were committed to making sure people could remain at the service as long as possible. The service had liaised with various healthcare professionals to make sure people were comfortable at this stage of their lives. Needs were documented in care plans and staff were supported to provide compassionate care. The house manager told us, "I meet with staff regularly to make sure they are ok and have the skills they need to provide palliative care." The service had contacted a local hospice provider to visit and support staff to provide personalised end of life care.

Is the service well-led?

Our findings

There were two registered managers in post for this service. 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. One registered manager was present throughout the inspection, the other registered manager was also the nominated individual. They visited the service briefly during our inspection.

Day to day management was carried out by the house manager with support from the provider. The registered manager told us they tried to visit the service most days. Both were visible at the service and staff and people told us both were approachable. We observed both working at the service and saw they were familiar with people's needs. People knew who they were and often approached them for assistance. One healthcare professional told us, 'The home appeared to be well-led, with staff having a good understanding of their roles and responsibilities'.

Staff told us the provider supported them in a variety of ways. Team meetings were held regularly at the service which were for any member of staff to attend. Minutes were kept. Staff were encouraged to develop their knowledge and skills by being given the opportunity to complete work-based qualifications. Flexible working was available to support staff to work hours that suited their lives. One member of staff told us, "Innovations are like another family to me, they are very supportive and understanding of personal circumstances." Another member of staff told us, "I enjoy working with the company, they have grown since I started but they have stayed true to their values. I think that is important."

Systems were in place to monitor and improve the quality and safety of the service. This included audits and monthly manager monitoring. The registered manager told us they were always looking to improve the service. They told us their vision for the service was to move from "good to outstanding".

The provider had recently commenced a comprehensive audit system where the development director would carry out a 'mock inspection'. This was aimed to audit all areas of the service to identify good practice and areas for improvement. There had been a 'mock inspection' in November 2018. The development director told us, "Staff welcomed the findings". The report had been shared with the registered manager, who was working through the areas for improvement.

People living at the service were encouraged to share their feedback about the care and support they received. There were 'house meetings'. People were encouraged to attend a meeting and talk to each other and staff about how the service was managed. The provider did monthly 'customer satisfaction surveys' which asked people to share their view and rate areas good, average or poor. Records we saw rated most areas as good or average, none were rated as poor. One person had stated they would like to go on holiday. The registered manager told us they were planning this with the person, helping them decide where they would like to go.