Innova House Health Care Limited

Elm

Inspection report

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Date of inspection visit: 5 January 2016
Date of publication: 18/05/2016

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

Overall summary

This inspection took place on 5 January 2016 and was unannounced.

Elm is owned by Innova House Heath Care Limited and offers ground floor accommodation for up to three adults with brain injuries and physical disabilities. There were two people living there when we visited.

There was a registered manager who was based in another service close by, but visited Elm each day. 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.

People were safe and protected from harm at Elm. Any risks to the safety of people were assessed and reduced as far as possible. There were always enough staff available to meet people's individual needs and action was taken to ensure people received their medicines safely.

Summary of findings

A range of training was available to staff, though some staff were waiting for some courses that were being arranged. They had information about the Mental Capacity Act and the manager ensured people's rights were protected

People received appropriate support with their eating and drinking needs, their independence was promoted and arrangements were made for sufficient food to be made available. However, they did not always receive their preferred choice of meal. People's ongoing health was monitored, but any specific action that may be needed to stay healthy and promote their health was not always discussed with people.

There had been some recent staffing changes and people were getting used to different staff. They told us they got on very well with the staff they had known for several years. All staff showed kindness and compassion in the way they spoke with people. People were supported to maintain relationships with family and friends and there were no restrictions on visitors.

Staff showed respect for people's privacy and dignity. They understood the importance of confidentiality, keeping all personal information about people safe and secure.

The service was responsive to individual interests and preferences and plans of support and care were person-centred and specific to people's individual needs. People were also satisfied with responses they had received when they raised any concerns a made specific requests.

There were systems in place for staff to discuss their practice and to report any concerns. The quality of care was monitored by a management team on behalf of the provider.

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.

Staff understood what action they needed to take to keep people safe and action was taken to reduce personal risks to people's health and welfare.

People were supported by a sufficient number of staff being deployed in the right places to meet their needs safely at all times. New staff were always thoroughly checked to make sure they could safely work with people at the service.

Medicines were managed to ensure people received them safely.

Good

Is the service effective?
The service was effective.

New staff had a structured induction and received the formal training they felt they needed to meet people's needs fully.

People received enough to eat and drink, but their preferred choices were not always followed or available. Also, they had the support they needed to see their doctor and other health professionals, but this was not always planned with them.

People's rights were protected by the use of the Mental Capacity Act 2005 when needed.

Good

Is the service caring?
The service was caring.

People were cared for by staff who showed kindness and compassion in the way they spoke with people.

Independent advocates were available to represent people's views when needed.

People's privacy and dignity were respected by staff.

Good

Is the service responsive?
The service was responsive.

Care was personalised and responsive to people's needs. Activities were available to meet people's preferences.

People's comments were listened to and there was a system in place to respond to any complaint.

Good

Is the service well-led?
The service was well led.

The registered manager was based at a service very close by and made frequent visits to Elm. Management arrangements were always in place to lead and support staff.

There were systems in place for staff to discuss their practice and to report any concerns.

Good

Summary of findings

The quality of the service was regularly monitored by the provider.	

Elm

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 5 January 2016 and was unannounced. One inspector visited on this occasion.

Before we visited we reviewed the information we held about the home including notifications. Notifications are about events that the provider is required to inform us about by law. We also received feedback from other health and social care professionals.

During our visit we spoke with the two people living at service, two support staff, a team leader and the registered manager.

We looked at the care plans, medicine records and some other records relating to staffing, accidents and incidents.

Good

Is the service safe?

Our findings

People told us they felt safe and protected from harm. One person said, "It's safe enough." Another person said, "Yes!" when asked if they felt safe. A social care professional told us that no safety issues had been raised by the people living there.

Staff told us they received information about the safeguarding and whistle blowing policies during their induction at the service. Two staff told us that they had been trained fully in how to safeguard people and another was awaiting further safeguarding training. There were records to show that most other staff had completed this training and some were on a list for the next course date. Staff understood what action they needed to take in reporting concerns. They said they would report any concerns to the team leader or registered manager who they felt confident would take appropriate action. They also knew they could contact the local authority themselves if needed.

We found the registered manager had taken action when there had been some concerns and appropriate reports were made to the safeguarding authority to ensure the concerns were investigated as fully as possible. This meant there were strategies to keep people safe and reduce future risks to their safety.

Risks to people's personal safety had been assessed. We saw the assessments in the care plan files and they led to plans of the action staff needed to take to keep people safe. There was level access to the property and to all the rooms which made mobility for people in wheelchairs as safe as possible.There were separate records of regular maintenance checks that were carried out regarding the firefighting equipment and water temperatures. We also saw individual evacuation plans on people's files, so that it was clear what support and encouragement would be needed with each person should they need to evacuate the building. This reduced the risks to the safety of people living there and staff.

People told us they had individual support and we saw this in practice. One person told us, "There are always enough staff. It's improved in the last year, but at night there are some occasions when we have to wait for a second staff person to come and help if they're busy over the road." A team leader told us there were always at least two staff in the premises during the day. At night there was one on the premises and another available from another service close by when needed to assist with personal care. The registered manager told us that at night, the second person was available between 11pm and 7am and it was rare if they were busy elsewhere. They also told us they could be contacted at any time if there was any emergency and there were always enough staff to keep people safe.

Two staff told us that thorough checks had been made before they were allowed to commence work. We saw records that confirmed there was a robust recruitment process to make sure new staff were safe to work with vulnerable adults.

People told us they were happy for staff to manage their medicines. We saw that all medicines were held securely in a locked cupboard. Staff told us that there was always a second staff member present when medicines were given and the witness signed their initials to show the correct medicine had been administered. Two members of staff told us they had received training in witnessing and administering medicines. They told us their competency in this area had been checked several times before they were seen as competent to administer the medicines. Staff ensured all medicines were kept at the right temperatures. Team leaders checked medicines and the records once each week and one team leader was responsible for ordering and disposal of all medicines, so that there were no excess stock on the premises. We saw examples of plans to clarify how and when people were to receive their medicines.

We saw one person receiving medicines and these were given safely as prescribed. When we checked the medicine administration records we saw that, for one person, a medicine was recently prescribed to be given four times a day, but was not always recorded as given. Through discussion with staff we found that some staff assumed this to be a medicine that was to be given only if needed for pain relief, whilst others had given it as a preventative medicine as prescribed to control pain. The person concerned had told staff the doctor had said it was to be given four times every day and told us it was not always made available. They told us there this did not have a serious effect on their safety, but they wanted to take it as it was prescribed. We informed the registered manager about

Good

Is the service safe?

this and action was immediately taken to ensure all staff were made aware of the detail of the prescription. We saw that all other medicines were offered as prescribed and medicines were generally well managed.

Good

Is the service effective?

Our findings

One person told us that staff knew what they needed to do to support them, but another person told us some staff did not always offer enough support when moving and handling them. The registered manager listened to the person's concerns and said this would be investigated further and action would be taken to ensure all staff supported the person when needed. We spoke with support staff and a team leader about their knowledge of moving and handling people. They had all received formal training and had also been learning from observing other staff. We saw from records that they had received direct training from a physiotherapist who had been involved in developing the latest plans about assisting people to move. The plan showed staff were encouraged to promote independence whenever possible.

Initial training about safeguarding people, moving and handling, duty of care and privacy and dignity was given during induction at the service and staff also received a handbook containing all policies. Staff told us they had received a lot of training, in addition to their induction, though some staff were waiting for some courses that were being arranged.

There were training plan and records in place, which confirmed the training that had taken place. There were some gaps with more training planned for February 2016 and some training dates still to be confirmed, but the plan showed a range of training available. Staff also told us about individual supervision meetings, when they could discuss their training needs. We saw there were records of these meetings that had been held approximately every three months with a team leader or the registered manager. Staff told us they could approach the registered manager, a team leader or the general manager should they need support at any time. This meant that there were on-going plans to develop staff knowledge and skills in order to meet people's needs.

The provider also had registered all new staff to undertake the new Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It gives people who use services and their friends and relatives the confidence that the staff have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

People told us the staff asked for their consent before assisting with personal care and they always chose for themselves what clothes to wear each day.

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).

We checked whether the service was working within the principles of the MCA. The staff understood how best interest decisions were made using the MCA. Staff had received induction training on the MCA and demonstrated through discussion that they knew when they needed to act in people's best interests. We saw examples of where some people did not have full mental capacity to make some decisions and there were appropriate assessments and specific plans to direct staff to act in people's best interests. An independent advocate was involved in assisting people with decisions and relatives were also involved.

Staff were also aware of the Deprivation of Liberty Safeguards (DoLS). We saw that staff were following the conditions of the DoLS that had been agreed, so that no one was being unlawfully restricted in any way.

People told us they went food shopping with staff once a week and each person was involved in choosing the food they wanted to eat. However, for the current week, transport had not been available at the usual shopping time on the day prior to our visit. This meant that the usual range of food was not available and staff had ordered take away food of each person's choice. There were records of the food eaten that showed there was usually a choice, but for the previous evening, staff had recorded, 'Had to have take out as there was no food for a full meal'. However, the food shopping trip did take place during this inspection and people were happy to have a sufficient choice of meals again.

Good

Is the service effective?

Staff were aware of people's nutritional needs and some preferences. There were some different menus available that staff had prepared, but these were not being followed. When we discussed one of these prepared menus with one person, we found some items were not liked or preferred. For some foods, the person indicated they would eat them, but not by choice. The registered manager told us a further new menu would be designed with the person so that it would more closely follow their preferred choices. We saw people receiving a meal and they were supported to eat as needed. We concluded that food was always made available, but people did not always have the food they preferred.

People were supported when they wished to consult a doctor about their health. One person told us that staff supported them to attend the GP's surgery when needed and that a taxi was arranged for this, but they did not regularly discuss their health needs with staff. A physiotherapist and clinical psychologist were employed to work in the service with people as needed. One person had been assessed by the physiotherapist for a new cushioned hand pad to avoid a pressure sore developing, but did not know when one would be available.

In one care plan we saw an example of a 'Hospital Passport'. This document provided important information such as the person's communication needs and physical and mental health needs and routines, should it be needed by hospital staff. This was an example of the provider following best practice guidance.

We saw that the full care plans included sections about health and both of these were reviewed and updated in December 2015.There were also specific health action plans (HAPs) for each person that were aimed to clarify what a person needed to stay healthy, though not all information was clear and up to date. For example, there was a note of a condition that existed a year earlier, but no further comment about any on-going attention for this. Also, there was no record in the HAP about the recent physiotherapy assessment. There were records of external health appointments. One person told us they knew they had a HAP, but staff never discussed it with them. One of the staff told us they did not know what they needed to do with the health action plans, but used them as just a record of appointments. This showed that people's on-going health was monitored, but any specific action that may be needed to stay healthy and promote their health was not always discussed with people.

Good

Is the service caring?

Our findings

We observed positive interactions between staff and people who lived at the service. However, people told us there had been some very recent staffing changes and they were still getting used to different staff. They told us they got on very well with the staff they had known for several years and one said, “They are kind and help me when I need help.” Another person said that the staff were, “Alright.” We saw a beaming smile when a well-known member of staff arrived.

Staff showed kindness and compassion in the way they spoke with people. We heard people’s preferred names being used at all times and we noted that all staff gave time for people to communicate and respond to questions. Staff had been involved in fundraising with a voluntary charity that had raised sufficient money for an iPad for one person. Advice was sought from a speech and language professional about the software needed to assist the person to use it. This was a new aspect for the person and also for staff to develop and help communication between them. Everyone was learning to use this technology. Another person used a mobile phone with social media and was guided by staff in its use. People were supported to maintain relationships with family and friends and there were no restrictions on visitors.

Staff told us they considered all their colleagues to be very caring, polite and respectful when communicating with people. They said they understood the whistle blowing policy and would report anyone to the registered manager if they ever saw anything that was uncaring. A view from an external health care professional was that staff were always professional and supportive in their communication with all people.

People were supported to express their own views about their care. We saw there was information available in the hall way at a level that wheelchair uses could reach. This included information about the service and about the advocacy services available if anyone needed an objective person to speak on their behalf. There was an advocate involved already and they visited a person at regular monthly intervals. Family members were involved where people wanted their input especially when their care was being reviewed.

In the care plans, we saw some examples where one person had signed specific agreements about their own care. People knew where their care plans were kept and knew they could ask to see them at any time.

Staff told us about how they showed respect for people’s privacy and dignity. One team leader explained how they were always discreet when assisting people with their personal care using towels to keep people covered as much as possible to retain their personal dignity. They said they always knocked on the bedroom and bathroom doors before entering and recognised that people need to retain control of their care as much as possible.

We witnessed staff knocking on a bedroom door and politely asking if they could enter. However we saw that the entry to the home, which was mainly used by staff, was the patio door which led directly into the lounge and none of the staff knocked before entering. People often found these sudden entrances intrusive. Staff told us that they had no choice as the main front door was not working properly. We noted that the registered manager and a team leader used the front entrance door. When we informed the registered manager of the entry problem, they immediately ordered new security entrance cards for the staff whose current cards were not working. Entering via the main entrance will allow staff to announce their arrival more gently and respectfully.

The patio door was used for people to access the rear courtyard as independently as possible. There was also a rear gate that was locked to keep people safe and private.

The importance of confidentiality was understood and respected by staff and we saw that all confidential information was stored securely and accessible only to those people that needed it in the interests of people living there.

Good

Is the service responsive?

Our findings

The service was responsive to individual interests and preferences. People told us the staff gave them choices about what they did each day, though they knew their limitations due to their physical disabilities and they were dependent on staff support, especially when accessing the community. They felt they received the support they needed with activities they chose to do and that staff responded to any changes in their needs or wishes.

Care plans contained information regarding people's life histories and their preferences. Much of this information had been gathered when people first moved into the service and it allowed for the plans to be person-centred and specific to meet people's individual needs. Staff told us that they had discussed how to be person-centred in a staff meeting. They found it interesting to do this with the two people at the service, who were very different from each other in their needs and interests. Plans were regularly reviewed by key workers with people individually. The care plan files contained a sheet for staff to sign when they had read any updated information. We saw that two of the staff had signed to show they had read one of the plans in full and seven had signed to show they had read the other. The staff told us they read the information when they had time between tasks, but they also recorded daily activities and incidents which they handed over to the next shift of staff. In this way they always had current information about how people were. We saw these records which were up to date.

Activities were planned, both individually and jointly. One person requested to change the plan so that a trip out could be on a Friday evening instead of Thursday. We witnessed the person asking the registered manager for this change and before the end of the day, arrangements had been made to ensure there were sufficient staff to support the outing on the preferred day.

We saw both people happily going out for a shopping trip with staff during this inspection. People told us that staff supported them separately when they went into the shop and that each person had their own shopping trolley. There were other occasions when they went out separately to other shops to buy clothes or gifts. One staff member told us about a recent outing into the local town to buy a gift with one person.

One person was supported to attend some craft sessions in an activity centre in the adjacent building owned by the same provider. They enjoyed being involved with some of the people using the provider's other services. The person also enjoyed opportunities within Elm to be involved in baking. Television was always available and visits to the cinema were also arranged. We heard a member of staff discussing with a person what film they would like to see next. Each person had their own collections of things in their own rooms to reflect their interests. One person had regular weekly evening outings which supported their personal interest in the 1950s and 60s.

There were systems in place to respond to complaints and concerns efficiently. Both people confirmed they knew they could make a complaint if they wanted to. We witnessed one person expressing some concerns to the registered manager during this inspection. We saw that the manager made notes of the points raised and gave an immediate response. The person was satisfied that the manager had listened and would take appropriate action. The person told us they had been satisfied with responses they had received from the registered manager in the past.

We saw the complaints procedure was with other information in the hallway of the home. This clarified who would deal with complaints and how long people would need to wait for a response. Staff were aware of the procedure. One of the staff told us that, if necessary, they would write down in detail any complaint they received to pass on to the registered manager. There were records that showed all concerns and complaints were responded to and people were satisfied with the outcome.

A social care professional told us, "I have always found when dealing with this unit that they have responded well to any issues raised." Another professional visitor said, "I would say that in my interaction with the senior staff I have always found them to be helpful and quick to respond to my queries."

Good

Is the service well-led?

Our findings

We found a positive culture was promoted by the provider through the registered manager and team leaders, who led by example whenever they had the opportunity. Staff had regular contact with people's families, with their consent, so that they were always included in what was happening at the home. The staff were encouraged to develop positive values during their induction meeting with the general manager, when they shadowed other staff and through discussions in staff supervision meetings with a team leader or the registered manager. In this way, staff developed understanding of their of roles and responsibilities. Two staff told us they could approach the team leader or registered manager whenever they wanted to discuss anything. They told us about staff meetings where they were encouraged to voice any concerns and share their views. They wanted more staff meetings as they were useful, but did not happen often enough. They felt the registered manager listened to their views and was supportive.

The registered manager was based in another of the provider's services on the same road and was visibly available on four full days each week. A manager of another service covered management on the fifth day and there was an on call system, so that a manager was always available outside office hours. The people we spoke with knew the registered manager and other managers by their first names and enjoyed their visits to Elm. A senior team leader told us she also visited each day to check all was well.

We had received notifications of the incidents that the provider was required by law to tell us about, such as any restrictions, allegations and other concerns. Appropriate action was described in the notifications and during our visit, we were able to see records that showed everyone had learned from incidents.

There was a 'Quality tree' system to seek and act on feedback from people using the service and other persons on the service provided. This involved face to face discussions with people as well as completion of survey questionnaires. There were no negative comments from the previous survey, which included the views of people at the service, their relatives and other interested parties.

There were other systems to make checks and monitor the quality of the service. The registered manager and senior team leaders carried out weekly audits of records and discussed them in their meetings with the full management group, including the general manager who represented the provider organisation. These meetings also included all the services provided by the same provider and managers and team leaders were able to learn from what was happening at each service. From the checks and issues discussed, the actions for improvement were identified and were passed on to the rest of the staff immediately. They were discussed in more detail in staff meetings which were held approximately six weeks. Although the registered manager for Elm was based in an office within another home, it was very close by and the systems in place meant there was monitoring of the care at the service on a day to day basis.