

Innovations Wiltshire Limited

# Innovations Wiltshire Limited - 27 Stratton Road

## Inspection report

27 Stratton Road  
Pewsey  
Wiltshire  
SN9 5DY

Tel: 01672562691

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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

About the service: 27 Stratton Road is a small service for four people with a learning disability. Accommodation is provided in a small semi-detached property in a residential area. People have their own rooms and share a lounge, dining area and kitchen. There is a small garden which is accessible. At the time of our inspection four people were living at the service.

People's experience of using this service:

The service was developed and designed in line with the guidance Registering the Right Support. Registering the Right Support and other best practice guidance ensures that people who use services can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include choice, control and independence. We found 27 Stratton Road worked to make sure it was run in line with the values that underpin Registering the Right Support and other best practice guidance. People using the service received person-centred support that was appropriate and inclusive for them.

People's risks had been identified and there were risk management plans in place to give staff guidance on how to provide support. People had detailed care plans which were reviewed regularly.

People were supported by staff who had been recruited safely and worked as a team to provide effective care. People and their relatives told us the staff were "kind and caring" and "lovely".

People received their medicines as prescribed. People could see healthcare professionals when appropriate and needed. People had health action plans which contained good detail on all health needs and how they were to be met.

People were supported to follow their own interests. Activities people enjoyed were recorded in their care plan. People were offered choice and supported to lead their own lives.

Relatives and staff told us the service was managed well. The registered manager was approachable and available to people and staff. People's feedback was sought regularly to make sure people were happy with their care and support.

The service met the characteristics of Good overall; more information is available in the full report on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection: At the last inspection in November 2016 (published in December 2016) we rated the service as Good overall.

Why we inspected: This was a planned inspection based on the date and rating of the previous inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received, we may inspect sooner.

## 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 remained safe

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service remained effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service remained caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service remained responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service remained well-led

Details are in our Well-Led findings below.

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## **Detailed findings**

## Background to this inspection

### The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

### Inspection team:

The inspection was carried out by two inspectors on the 9 April 2019.

### Service and service type:

27 Stratton Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

### Notice of inspection:

This inspection was announced. We gave the service 24 hours' notice of our inspection. This was because the location is a small care home for people who can be out during the day. We needed to be sure the registered manager would be available, so we could meet with people and staff.

### What we did:

Before our inspection we looked at information we held about the service. This included notifications

received from the provider which they are required to send us by law. Before the inspection the provider completed a Provider Information Return. This is a form that asked the provider to give key information about the service, what the service does well and improvements they plan to make.

During our visit we talked and spent time with people who live at 27 Stratton Road. We also observed the care and support people received during our inspection. We spoke with the registered manager, managing director, house manager and two members of staff. We looked at two care plans, medicines administration records, audits, accident and incident forms and other records relating to the management of the service.

Following our site visit we contacted four relatives for feedback about the service and three healthcare professionals.



## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to keep people safe. Staff received training on safeguarding and were aware of how to report any concerns. People and their relatives told us the service was safe.
- Safeguarding was discussed in staff supervision, at team meetings and at senior management meetings. The managing director told us safeguarding was a topic that was regularly discussed to keep awareness high.

Assessing risk, safety monitoring and management

- People's risks had been assessed and there were appropriate risk assessments in place to support people. These were regularly reviewed.
- Where people had experienced distress and presented behaviour that was challenging the service staff had worked to develop risk management plans. The registered manager told us they had attended positive behaviour support training and was cascading the training to the core group of staff at the service.

Staffing and recruitment

- People were supported by staff who had received the necessary pre-employment checks. Checks included obtaining references and completing a Disclosure and Barring Service check (DBS). The DBS helps employers to make safer recruitment decisions and reduces the risk of unsuitable staff from working with vulnerable people.
- We observed there were sufficient numbers of staff deployed. 27 Stratton Road had a core group of staff who provided people with consistent care and support.

Using medicines safely

- People received their medicines as prescribed. People's medicines administration records were completed in full with no gaps in recording. Staff regularly checked the temperatures of where medicines were stored, those seen were within a safe range. Where people were prescribed 'as required' medicine, there was a protocol in place to give staff guidance on its use.
- People had their medicines regularly reviewed by healthcare professionals to make sure only medicines needed were prescribed.

- Staff received medicines training and were assessed by the provider to make sure they were competent.

#### Preventing and controlling infection

- Staff received training on infection prevention and control and food hygiene. There were supplies of personal protective equipment available for staff to use.
- All areas of the service were clean with no unpleasant odours.

#### Learning lessons when things go wrong

- Incidents and accidents forms were completed following any events. Records were reviewed by the management team to identify any learning to prevent re-occurrence where possible.
- Senior management met weekly to share information and any learning from incidents.





## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed so that information in care plans was up to date.
- People were supported by the local community team for people with learning disabilities who were involved in assessing people's needs.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare professionals such as GP's and community nurses. People had individual health action plans which contained comprehensive information about their health needs. These were reviewed regularly. For health conditions such as diabetes the service had produced management plans to record how best to support the person. Staff told us how they had supported one person to lose weight which had improved their health condition. This support meant the person did not need to have increased medicines to manage the condition.
- Staff met daily to handover information regarding people's care and support. This made sure changes in care and support could be shared quickly so appropriate action could be taken.
- People had individual hospital passports which recorded individual needs. These passports would be shared with professionals in the event of an admission to hospital. This made sure people's needs such as communication would be known by hospital staff.

Supporting people to eat and drink enough to maintain a balanced diet

- People were involved in planning their menus and shopping for food. One relative said, "[Person] is really well fed." Another relative told us their relative was experimenting with healthy food such as "quinoa and sweet potato."
- Staff supported people to eat and drink, making sure the mealtime experience was inclusive and unhurried.

Ensuring consent to care and treatment in line with law and guidance

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff were aware of the principles of the MCA. Mental capacity assessments were completed and where needed best interest meetings held. DoLS applications had been made to the local authority only one had been authorised at the time of our inspection. There were no conditions within that authorisation.

Staff support: induction, training, skills and experience

- People were being supported by staff who had the skills needed to provide effective care. New staff received an induction when they started work and once completed there was further training available. The registered manager told us they monitored training needs and sourced training when required. For example, training on Makaton had been sourced to help staff better communicate with people. Makaton is a simple sign language some people with learning disabilities use to communicate.
- Staff told us they had opportunity to have supervision with their supervisor and discuss any concerns or training needs. One member of staff said, "I have regular supervision which is planned, we put dates in the diary to make sure we meet regularly."

Adapting service, design, decoration to meet people's needs

- The service was an adapted small semi-detached property. People had their own rooms which they had personalised.
- Areas of the service were accessible to people, we observed people moving around freely and easily. There was a small enclosed garden which people accessed in the warmer weather.



## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were being supported by staff who were observed to be caring. People approached staff readily when they needed help and support. Comments we received about the staff included, "Staff are kind and caring" and "Staff are lovely".
- Staff we spoke with told us they enjoyed spending time with people living at the service. Comments from staff included, "I love seeing people progress in their life and develop new skills" and "Working here with the clients constantly brings a smile to my face."
- Information on life history was available to staff so they had background information to inform on people's life experiences.
- We spent time at the service observing interactions between people and staff. Our observations demonstrated staff were respectful and knew people's needs. People had been living at the service for many years and had made friends with each other. Comments from relatives included, "[Service] is home, [person] is settled there, they take care of each other, like brothers and sisters" and "[Person] lives with people they went to school with, not strangers, we are so pleased [person] is there."

Supporting people to express their views and be involved in making decisions about their care

- We observed people making choices about where they would like to spend their time, what they wanted to eat and drink and when they wanted to go out. One member of staff told us, "When I am here I do the best I can to give people choices in everything, they decide as much as they can what they want."
- People could express their views and were involved in decisions relating to day to day care.
- We saw staff adapted their approach to communicate with people to help people understand. For example, staff used gestures with one person to help communication.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their privacy and dignity. People's confidential information was stored securely and only accessed by authorised personnel. Staff checked with people they had permission to enter their rooms before entering.
- People were encouraged to maintain their independence where appropriate. For example, we observed

one person was supported to go out to the local shops to do their shopping.

- There was no restriction on visiting at the service. Relatives told us they could visit when they wanted to. People were also able to visit their families when they wished.



## Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Following an assessment people had their own care and support plan. This contained detail about people's needs and how to support them. Care plans were reviewed regularly and updated as needed. People and their relatives were able to attend formal reviews with the service and healthcare professionals. One relative told us, "I have been invited and been to every review." A formal review of people's care gives everyone involved the opportunity to say what is going well and what might not be going well.
- People received personalised care which was responsive to their needs. Staff told us about how they tried different approaches where needed until they found support that was good for people. For example, one person was becoming distressed when walking into the shower. The staff worked with healthcare professionals to try different approaches. An approach had been agreed upon which was known by all the staff and kept under review. This meant the person had the support they needed to maintain their personal hygiene.
- People's communication needs had been assessed and recorded in care plans. The Accessible Information Standard had been met. Staff were given guidance on how best to communicate with people to promote understanding. The provider had developed a simple 'service user handbook' which was a pictorial information booklet. This gave people information about a range of topics such as equality and diversity, senior management team photos and local support.
- Information about how people liked to spend their day was recorded in people's plans. People could choose to participate in activities they enjoyed. During our inspection we observed one person went to the local day service run by the provider. Staff told us they attended regularly. Another person decided to go to the day service later in the day. Another person enjoyed watching their favourite programme on television. One person showed us their craft works in their rooms, they enjoyed making things.
- People accessed the community for activities such as visiting local places of interest, attending the local motor racing circuit and going to the cinema.

Improving care quality in response to complaints or concerns

- The provider had a formal complaints process. The service had received no complaints since the last inspection.
- The complaints procedure was available to people and relatives was available in easy read and pictorial

formats. Relatives we spoke with all said they knew how to complain and would if they needed to.

#### End of life care and support

- People had the opportunity to record their end of life wishes in their care and support plan where appropriate. The registered manager told us they were encouraging relatives to be involved in recording people's wishes for end of life care. End of life care was not being provided at the time of our inspection.



## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People were being supported by staff who enjoyed being at 27 Stratton Road. Comments from staff included, "I love it here, the company is great to work for" and "I have found my calling working here, I feel like I make a difference."
- Relatives we spoke with were happy with the care and support provided. Comments included, "We could not have wished for a better place for [relative] to go, we are so pleased and happy [relative] is there" and "It is brilliant there, [relative] is happy there."
- There was an open and transparent culture at the service and staff told us the registered manager was approachable. One member of staff told us, "[Registered manager] is always available and has always been there to support me." Another member of staff told us they felt the provider was very supportive, any of the senior management team was approachable and available if needed.
- Relatives we spoke with were complimentary about the registered manager and thought the service was managed well. Comments included, "I have got [registered manager's] number I can ring them at any time", "[Registered manager] is very good" and "We can speak to [registered manager] at any time, I would not hesitate to call or go to see them."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager told us they spent time at the service daily. They observed interactions between people and staff to make sure care and support provided was safe and of a high standard. They also worked alongside staff in difficult situations, so they could guide and lead by example. There was also a house manager who supervised staff and managed the service day to day. The house manager told us the registered manager was always available to them when and if needed.
- Systems were in place to monitor the quality and safety of the service. There was a monthly managers audit which checked incidents and accidents, the environment, care plans and staff supervisions. Where action

was needed an action plan was developed to make sure the right improvement was made.

- The registered manager was supported by the provider. They attended weekly meetings with senior management and other registered managers employed by the provider. This gave them opportunity for peer support and learning.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's feedback was sought every three months. All feedback documentation was in simple text and pictorial which helped people to share their views. Feedback we saw was all positive. For people who found it difficult to share verbal feedback the service used observation tools to observe how people were. Staff observed people's body language and mood states to record if they appeared happy and content.
- Staff told us there was good morale at the service and good communication. This helped them to work well as a team. Team meetings were held regularly for staff to meet and discuss good practice. One member of staff told us, "We have a core team working here, we meet regularly and feel able to share ideas."

Continuous learning and improving care; Working in partnership with others

- The provider employed a development director who researched good practice and developed systems and processes to develop the service.
- Staff were supported to develop their skills by ongoing training opportunities and being able to obtain work-based qualifications. One member of staff told us they were soon to be starting a level five health and social care diploma, they were grateful for the opportunity.
- The registered manager told us they encouraged learning. They said they were always striving to improve the service.
- The provider had established and maintained good working relationships with numerous healthcare professionals.
- The provider told us about work they had recently started with the NHS as part of the Medicines optimisation in care homes programme. They were working with pharmacists to audit their medicines management. This had already improved systems to develop the quality of medicines management.