

Innova House Health Care Limited

Indigo

Inspection report

2 Forest Avenue
Mansfield
Nottinghamshire
NG18 4BX

Tel: 01623626252

Date of inspection visit:
13 November 2018

Date of publication:
05 December 2018

Ratings

Overall rating for this service	Good ●
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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

We inspected the service on 13 November 2018. The inspection was announced. We contacted the manager on the morning of our inspection to let them know we would be arriving late morning. We did this because the service is a small service where people and staff are often out and we wanted to be sure someone would be in.

Indigo is '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 service is registered to accommodate two people. Both people were using the service on the day of our inspection visit.

The care service had 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. However, people were given choices and their independence and participation within the local community encouraged.

At our last inspection on 5 January 2016 we rated the service 'good.' At this inspection we found the evidence continued to support the rating of 'good' overall. 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.

People continued to receive a safe service where they were protected from avoidable harm, discrimination and abuse. Risks associated with people's needs had been assessed and planned for. Risk assessments were reviewed monthly to ensure they reflected people's most up to date circumstances.

People were supported by a core team of staff who were suitably skilled and experienced staff to meet their needs. The people using the service were supported to be independent and they required mainly prompting rather than 'hands-on' support. People were prompted to take their medicines when they needed them.

Safe staff recruitment procedures were in place and used to ensure that only staff who met the services high standards worked there. Incidents were analysed for lessons learnt and these were shared with the staff team to reduce further reoccurrence and protect people from harm.

People continued to receive an effective service. Staff received the training and support that was specific and relevant to people's individual needs. People were advised about the importance of a healthy and balanced diet. Staff supported people with their health needs and accompanied them to health care appointments if required.

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. The principles of the Mental Capacity Act (MCA) 2005 were followed. People's independence was promoted and they were supported to make informed choices about their care and support.

People continued to receive care from staff who treated them with dignity and respected their privacy. Staff had developed positive relationships with the people they supported. They knew how to comfort people when they were anxious.

People continued to receive care and support that met their needs. People's needs were assessed and planned for with the involvement of the person and or their relative where required. Care plans were detailed and read by staff when they were updated.

People were supported to pursue their interests and hobbies when they wanted to. Staff respected people's choices about how they spent their time. There was a complaint procedure in an easy to read format that people could access if they wanted to make a complaint.

The service did not have a registered manager but a person with long experience of the service had applied to be the registered manager. They were supported by an operations manager. The provider had effective arrangements for monitoring the quality of the service.

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 Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Indigo

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 comprehensive inspection took place on 13 November 2018 and was announced. We contacted the manager on the morning of our inspection to let them know we would be arriving late morning because Indigo is a small service where staff and people are often out and we wanted to be sure someone would be in.

The inspection team consisted of one inspector. Prior to this inspection, we reviewed information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also considered the last inspection report and information that had been sent to us by other agencies. We also contacted commissioners who had a contract with the service.

During the inspection, we spoke with the manager, operations manager, a care worker and the provider's 'nominated individual'. We spoke very briefly with both people who used the service. They did not want to tell us what they thought of living at Indigo and would have become anxious had we asked them to do so. We therefore used different methods to gather experiences of what it was like to live at the home. For example, we looked at their care plans and the daily records staff made about how people had been supported. We briefly observed how staff interacted with and supported people.

We looked at staff training records, a range of records relating to the running of the service. These included management audits, incident reports and complaints.

Is the service safe?

Our findings

People were protected from the risk of harm because there were processes in place to minimise the risk of abuse and incidents. Staff had received training in relation to these aspects of care and support which included identifying signs that people were anxious or close to displaying behaviour that challenged others. Lessons were learned from reviews of incidents to understand people's behaviours which were shared with the core team of staff that supported them.

Detailed risk assessments were in place and staff were knowledgeable about what action to take to reduce risk. For example, staff were able to make interventions that relieved a person's anxiety and prevented behaviour that posed a risk of harm to them and others.

People were supported by a core team of highly experienced staff who had the right skills and who people chose to support them. Staff communicated effectively with each other to keep up to date about people's needs. This was done through meetings and a communications book. The provider had safe staff recruitment procedures in place. Checks were carried out to ensure as far as possible that only staff suited to work at the service were employed.

People were prompted to take their medicines at the right times. Staff had received training about managing medicines safely and had their competency assessed. Staff were knowledgeable about why people were prescribed their medicines. Audits were carried out monthly to check that medicines were taken as prescribed.

There were plans in place for emergency situations. For example, if there was a fire, people knew what to do in the event of an emergency because they had a personal emergency evacuation plan in easy to read formats they could understand. The environment was clean and tidy and staff followed best practice to prevent the spread of infection. Staff acted promptly when a need for pest control specialists was required. Action was taken to correct signs of mould in a bedroom including the possible replacement of a window.

Fire safety and other checks were carried out to ensure the safety of the premises. At the time of our inspection the provider was developing an action plan in response to a recent inspection by Mansfield Fire and Rescue Service which made a number of minor recommendations.

Is the service effective?

Our findings

Staff had received training that was specific to the needs of the people who used the service. This meant staff had an in-depth knowledge of people and how they wanted to be supported. A care worker told us, "I like to talk with them, ask them why they feel the way they do and what they'd like to work towards." Staff also received regular supervision and appraisal. This meant that staff had opportunity to discuss their learning and development needs and their performance.

Both people were independent, but they needed to be prompted to do things that were in their best interests. Staff showed skill, patience and understanding when doing this because often repeated prompting was required. Staff were careful not to cause people anxiety. For example, if a person decided they did not want to carry out certain personal care routines staff would respect their decision record this and, if a person's well-being was at risk, inform their social worker.

People were encouraged to have a healthy and balanced diet. They were supported to select healthy options when they shopped for food and they made their own meals. People had been shown how to use kitchen equipment to make their own meals, though staff ensured that food had been properly cooked to make it safe to eat. Staff ensured that food items that were beyond their use by date were removed.

People had access to the full range of healthcare services they required. Staff kept a diary of healthcare appointments to ensure that people attended them. People were supported to have annual health checks. Staff were knowledgeable about people's healthcare needs, they knew how to recognise when a person was unwell. Healthier life styles were promoted and followed. For example, a person agreed to a limit to the number of cigarettes they smoked a day and the amount of units of alcohol they consumed.

The premises and environment met the needs of people who used the service. People's rooms and communal areas were furnished to their taste.

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.

We found that staff sought people's consent before care and support was provided and staff respected people's choices if they declined support. Both people lived at Indigo under a DoLS. We found that authorisations to deprive people of their liberty had the appropriate legal authority and were being met. For example, a person was restricted from going out alone, but staff still supported them to enjoy a social life with relatives and friends.

Is the service caring?

Our findings

Treating people with kindness was key to everything staff did at Indigo. People and staff developed caring and understanding relationships because people were supported by a core team of four staff. The provider respected people's choice about who supported them. For example, a person preferred to be supported by staff who were of a similar age to them. This benefitted the person because they were more agreeable to prompts made by 'mature' staff.

The manager and staff knew about the people and things that were important to them. They knew about people's preferences and how to motivate them to be more independent. Contact with family and friends was very important to a person. Staff had supported the person to re-establish contact with former school friends.

Staff showed concern about people's wellbeing and responded to their needs. If people experienced anxiety and presented behaviour that challenged others, staff spoke to them afterwards to understand what had upset them. This meant that staff were able to identify triggers to anxious behaviour and to identify ways to mitigate the risks of similar events happening again. This sometimes involved people's relatives.

Staff developed 'emotional profiles' for people so that they knew what made people feel happy and unhappy. Staff concentrated on what made people happy, for example talking about family, leaving people to spend time at Indigo by themselves or supporting them to participate in social occasions. Staff supported a person to celebrate their birthday with friends.

People were encouraged to be involved in making decisions about care and support. A person had written part of their care plan. People were encouraged to express their views at monthly reviews of their care plans and at meetings with their key workers. A keyworker is a member of staff who is given specific responsibility for the care and support of a person. Key workers contacted people's relatives to keep them informed about things that affected people. This had not happened on one occasion when a person's personal care routines were improvised after a shower had become unsafe to use, but the provider had explained what happened after a relative made a complaint.

People had their privacy, dignity and independence promoted. They were not interrupted when they said they wanted to be alone. People's records were securely stored and were accessible only to authorised persons.

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. People were involved in the care planning process as much as they wanted to be. Their preferences about the way they wanted to receive care and support were carefully recorded. People's care plans were detailed and provided staff with an in-depth insight into them. This supported staff to be very knowledgeable about people's needs which was evident when we spoke with staff.

People were supported to follow their interests and hobbies, for example collecting box-sets of their favourite drama and games. Staff had explored whether a person would enjoy meaningful tasks at Indigo that relied on their knowledge and experience from their past working life. The person had participated in work that improved the premises and staff were exploring how this could be further developed. People were supported to enjoy social occasions. After a person suggested places they would like to visit further afield from Mansfield staff took them there.

People were involved in meaningful domestic tasks which promoted their independence. Each person had some responsibility for cleaning the home with support from staff and with washing their own clothes. People were supported to develop more independence by taking more responsibility for their shopping. A person who previously relied on staff for this now went out alone to shop.

People received information in accessible formats and the registered manager knew about and was meeting the Accessible Information Standard (AIS). From August 2016 onwards, all organisations that provide adult social care are legally required to follow the AIS. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss. People had access to their care plans and summarised versions of the plans. Their care plans contained information about how they wanted staff to communicate with them, which was through verbal communication.

Social care professionals who supported the people using the service had recorded that Indigo was the right place for people.

The provider had a complaints procedure which was accessible to people and relatives. Four complaints had been received since our last inspection. All of them had been responded to and actions were taken to resolve concerns people raised.

The provider had procedures for recording people's preferences and choices for their end of life care, but people had chosen not to have this in their care plans.

Is the service well-led?

Our findings

The service did not have a registered manager, but a person who managed the service had applied to be one. 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.

The manager understood the responsibilities of a registered manager and they were supported by an experienced team of senior managers. There was a clear vision and culture that was shared by the manager and staff, which was to support people to be as independent as they wanted to be. The manager and staff had an in-depth knowledge of the people and that the most important thing was to increase people's independence at a pace they wanted. Staff told us that their ideas and suggestions were encouraged and acted upon, for example considering how a person's skills and experience from their working life could be developed to support the person to be more active.

The provider had effective arrangements for monitoring the quality of the service. The manager had a programme of weekly and monthly audits to completed. These included checking that people's care plans and records were up to date and included evidence that that people's needs were being met. Observations were made to ensure that staff treated people with dignity and respect; and checks were made that the premises were safe and comfortable. The manager reported their findings to an operations manager who carried out their own checks to assure themselves that the service was meeting its aims. People and their relatives could feel assured that the provider placed the interests of people using the service at the heart of everything they did.

The latest CQC inspection report rating was on display at the home and on their website. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.