Innova Care Limited

Poplars

Inspection report

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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 16 March 2017 and was unannounced. During our previous inspection of 29 April 2016, we found that the service was not meeting the legal requirements in the areas we looked at. We rated the service as requiring improvement. The manager had written an action plan to address these issues and at this inspection we found that significant improvements in all areas had been made.

The service provides a 24 hour care environment for people with mental health needs and learning disabilities. The service supports people to develop essential daily and community living skills. At the time of our inspection there were three people living at the service. The service is registered to provide care for up to six people.

The service had a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 staff were aware of risk assessments and the safeguarding processes. Personalised risk assessments were in place to reduce the risk of harm to people, as were risk assessments regarding the managing of the service, and these were reviewed regularly. Accidents and incidents were recorded and the causes of these analysed so that preventative action could be taken to reduce the number of occurrences. Where people had been involved in incidents because of behaviour that could have a negative effect on others, the triggers for such behaviour had been identified and action taken to reduce the occurrence.

People received their medicines as they had been prescribed and there were robust procedures for the safe management of medicines.

There were sufficiently skilled and qualified staff on duty throughout the day and night to provide for people's needs. Robust recruitment and selection processes were in place and the manager had taken steps to ensure that staff were suitable to work with people who lived at the service.

All staff received training to ensure that they had the necessary skills to care for and support the people who lived at the service and were supported by supervision and appraisals. Staff were encouraged to undertake training to gain professional qualifications.

People's needs had been assessed before they moved to the service and they, their relatives and other healthcare professionals had been involved in determining their support needs and the way in which their support was to be delivered. Peoples consent was gained before any care was provided and the requirements of the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards were met.

People using the service were supported to decide what food and drink they had and a variety of food and drinks were available as were snacks at all times.

Other health professionals were consulted as necessary by the service staff to support people to meet their individual health needs.

Staff were understanding, empathic and protected people's dignity. People were treated with respect and supported with regard to their individual needs.

All people were assessed prior to coming to service to check that the service could meet the person's needs. On-going assessments were planned and were also arranged with immediate effect if so required. Information was available to people and relatives about how they could make a complaint should they need to do so.

There were reviews of the care provided with family members. Staff meetings were arranged, so that staff could discuss and be involved with the smooth running of the service. People and their relatives were asked for feedback about the service to enable improvements to be made. The service had a statement of purpose and an effective quality assurance system was in place to drive improvements for the future.

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 was safe.

Staff were aware of the safeguarding process and how to make appropriate referrals to the local authority as required.

Personalised risk assessments were in place to reduce the risk of harm to people.

There were enough skilled and qualified staff to provide for people's needs.

Robust recruitment procedures were in place

People's medicines were administered safely as prescribed

Is the service effective?

Good

The service was effective.

Staff were trained and supported by way of supervisions and appraisals.

The requirements of the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards were met.

People had a good choice of nutritious food and drink.

The service staff worked with other health professionals as required to support the people using the service.

Is the service caring?

Good

The service was caring.

Staff were understanding and empathic.

Staff promoted people's dignity and treated them with respect.

Staff encouraged people to develop skills to increase their independence.

Is the service responsive?

Good

The service was responsive.

People were assessed before coming to the service to identify their needs and if the service could meet those needs.

People had individual care and support plans in place.

The service had a complaints system in operation.

Is the service well-led?

Good

The service was well-led.

The service had an experienced registered manager.

There was an effective quality assurance system in place.

The statement of purpose set out the visions and values that staff worked to

Poplars

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 was unannounced and took place on 16 March 2017. The inspection was carried out by two inspectors.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed other information available to us, such as notifications and information provided by the public or staff. A notification is information about important events which the provider is required to send us by law. We also spoke with a relative of person using the service to ask for their feedback about the service.

During our inspection we spoke with two people who lived at the service, the registered manager, a qualified nurse and two members of the care staff.

We observed the interactions between members of staff and the people who lived at the service. We looked at care records and risk assessments for the three people living at the service and how people's medicines were managed.

We looked at two staff recruitment records. We also looked at training, supervision and appraisal records. We reviewed information on how the quality of the service, including the handling of complaints, was monitored and managed.

Good

Is the service safe?

Our findings

At our last inspection people were not always effectively protected, because systems for the management people's finances were not clear. At this inspection, we saw that the manager had worked effectively and gained support from the local authority to greatly improve the systems, so that they were now working effectively.

All people visiting the service were required to sign in and out of the accommodation, in a visitor's book. This helped protect people who lived at the service from potential harm because staff knew who had come into the service. On the day of our inspection, a person was laying a new floor; we saw that they had signed in the visitor's book. Also they were mindful of their tools which were kept with them at all times.

The provider had up to date policies on safeguarding and whistleblowing. Whistleblowing is a way in which staff can report misconduct or concerns within their workplace without fear of the consequences of doing so. There was information on the wall in the office for staff about how to report any issues, if they were concerned that a person was at risk of harm.

Staff told us that they had been trained in safeguarding and were able to explain where the policy was kept and the procedures used regarding keeping people safe. One member of staff said, "The training told us about all the different types of abuse." Another member of staff told us, "I would report to the manager, we have the details of the safeguarding team and I would also report to them, it is my duty as a qualified nurse."

Risk assessments had been completed to protect people from potential harm including; mobility, eating and drinking. The assessments provided information for staff about how to support people to remain as independent as possible whilst mitigating the risk of harm to themselves, others and staff. One person's care plan identified trigger factors that may cause them to become distressed and display behaviours which placed themselves and others at risk of distress and harm. There were clear indicators for staff about how to diffuse the situation and how to manage behaviours if the situation escalated.

The risk assessments were reviewed regularly so that the levels of staffing could be changed if so required. Actions to reduce the risks posed to people were amended when this was appropriate. Staff told us that they were made aware of the identified risks for each person and how these should be managed by a variety of means. These included staff meetings, handovers and care plans.

There were personal emergency evacuation plans in place for each person that were reviewed regularly and reflected any change of circumstance. This ensured that the information contained within it remained current. We saw that the service staff recorded when the fire alarms were tested. This enabled people at the service to understand processes for this potential emergency situation.

Accidents and incidents had been analysed to identify any possible trends and enable appropriate action to be taken to reduce the risk of an accident or incident re-occurring.

There were sufficient staff employed to meet people's needs. The staff we spoke with told us that there were enough staff on duty to keep people safe. One member of staff said, "We work as a team and cover for each other in the event that someone is unwell or on annual leave." The staffing ratio was one nurse and one care worker during the day and two staff awake at night, one member of staff being a qualified nurse. In addition to this the manager usually worked across the shifts, this meant that if people wanted to go out there were staff available to support them. Both the manager and deputy worked both day and night shifts, this provided them with an oversight as to people's care needs and how the service was working.

We looked at the recruitment documentation for two members of staff. The service had robust recruitment and selection processes and gaps in an applicant's employment history had been explored during the interview process. We saw that appropriate checks had been carried out which included Disclosure and Barring Service Checks (DBS). There were written references, and evidence of the person's identity. There was also a copy of the job description and contract of employment. Recruitment practices were robust and ensured the service employed suitable staff.

Medicines were safely managed. We looked at the medicine administration records (MAR) for people who lived at the service. Only the qualified nursing staff administered the medicines. We saw that the (MAR) contained a photograph of the individual and information about known allergies and physical conditions. We saw that the (MAR) had been completed with no gaps. There were protocols in place for medicines that had been prescribed on an 'as needed' basis, referred to as prn. We checked the stocks of medicines held for all people and this was in agreement with the records. There were processes in place for auditing the medicines administration. All medicines were stored in an appropriate room and locked away when not in use. This meant that people received their medicines as the prescriber intended.

When medicines were returned to the pharmacy, we saw there was a stamp from the pharmacy, which confirmed the list of medicines returned was correct and the date collected. The nursing staff had completed training which included observation of practice and a competency checklist to ensure that they had the necessary skills and knowledge to safely administer medicines.

Good

Is the service effective?

Our findings

At our last inspection, the staff training, supervision and appraisal systems were not effective. At this inspection we saw records and were told by staff things had greatly improved. Staff now felt that they were supported through supervision, a yearly appraisal and had all the training they required to meet the needs of the people who used the service.

People told us that staff had the skills that were required to care for them. One person told us, "The staff know what they are doing."

Since the last inspection staff told us that they had completed training in a variety of subjects including risk assessments and food hygiene. Staff told us that they had formal supervision sessions twice a year. They described the manager as very supportive and said that he was always available for informal supervision and guidance. Staff meetings were held once a month, prior to the meeting an agenda was available for staff to add to and following the meeting minutes were available for staff to read. We saw that yearly appraisals had been carried out and the next ones planned. This demonstrated that staff were appropriately supported in the job role they had been employed for.

We saw the training programme for the year and specific support for the nursing staff to work upon their revalidation. Qualified nursing staff are required to keep their skills up to date and provide evidence of this (the revalidation process through the Nursing and Midwifery Council NMC), in order to continue to practice. One member of staff told us, "The training is very good, we discuss with the manager the training we require and they then arrange the sessions for us."

Staff understood legislation and systems were in place relating to consent and decision making. 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 looked at the records regarding MCA and DoLS and saw that they had been completed correctly and were all in order. The assessment records informed us about the person's capacity to make and understand decisions. Staff told us that people were supported to make their own decisions as far as possible. Staff also explained to us how the MCA records linked to the risk assessments and best interest decision meetings. The best interests' principle in the MCA states that any act done or decision made on behalf of an adult lacking capacity must be in their best interests. This can cover financial, health and social care decisions.

Staff had completed MCA training and understood how to support people to make choices without imposing unnecessary restrictions upon them e.g. salt no longer added to people's food. The manager told

us that nursing staff supported the care staff to improve their understanding in this area, particularly in relation to fluctuating capacity. A member of staff told us, "I found this quite difficult to grasp but the questions we asked made everything clear."

One person living at the service smoked cigarettes. An MCA had been completed regarding this which advised staff about how best to support the person regarding this, they were able to request a cigarette but did not have the capacity to light the cigarette or to manage them independently because they would chain smoke the packet. A risk assessment and best interest's decision meeting were recorded in the care plan of how the staff were to support the person. Care plans also indicated where people had appointed people as their Lasting Power of Attorney (LPA) and in what area, finance, health and/or welfare. This meant that people rights were protected and the least restrictive.

People were supported to have sufficient to eat and drink. Staff told us that people living at the service preferred to eat their meals alone, one person's care plan stated that they disliked interacting with people whilst eating, if people spoke to them, while eating, it resulted in distress to the person. The care plans for each person were clear about meal times and how to make these times enjoyable with one to one staff time and not eating as a community to avoid the distressed this would cause.

People liked the food they had and there was a good variety of quality food and drink available. Staff told us that sometimes they cooked the same meal for all people, but at other times cooked meals separately to ensure that each individual's choice was being achieved. Snacks were also available. People's weights were monitored monthly and staff told about the action they would take if people lost weight which was unplanned.

One person displayed behaviours when eating which meant that at times they did not swallow their food. Records showed that they had been referred to and assessed by the appropriate health professionals. Advice had been provided to staff about the correct texture of their food, how to present the food and how staff should support them during meal times to mitigate any risk of choking. Information recorded by staff in the daily notes confirmed that staff put this advice into practice at meal times.

People's day to day healthcare needs were met because staff knew them well and acted quickly and effectively to support people and involve other health care professionals. Records showed that people were supported to attend appointments with other healthcare professionals, such as GP's, dentists and opticians to maintain their health and well-being. Appointments had been scheduled in advance and recorded in the peoples care plans.

Good

Is the service caring?

Our findings

At our last inspection, we reported upon people not having enough choice to make decisions in their home. At this inspection we saw that work had taken place to improve the situation with the use of advocates and increased communication with the people to identify their choices.

Care plans included information for staff about how to communicate with people e.g. using simple signs and gestures. Staff described to us how one person's behaviours had improved since moving into the service. This was attributed to the person feeling settled in a familiar environment and staff being familiar with the needs of peoples which meant that they were able to support them with an established and effective routine.

During the inspection we saw staff interacting with the people using the service. People were given time to respond and staff spoke in a clear voice supported by non-verbal communication of hand gestures and facial expressions to aid communication.

We observed that the staff knew the people well and there were positive interactions between the people using the service and the staff who supported them. There was laughing and smiling, which showed us people were relaxed and comfortable. Staff were aware of people's life histories and were knowledgeable about their likes, dislikes, hobbies and interests. They had been able to gain information on these through talking with people and their relatives.

The manager had arranged for advocates to support people to understand their needs and aspirations and to help working towards achieving them alongside the staff. People using the service had complex needs and staff at the service attempted through regular communication to check with the person how they were feeling and what they wished to do. During our inspection we saw members of staff approach people in a polite and friendly way to check upon their well-being and asking if they were alright. Care reviews were held with family members and involved the person, so that as far as possible decisions were taken together regarding how to best support and care for the person.

The people using the service were well groomed, clean and all were wearing their own well fitted clothing. A member of staff told us how they supported a person with their personal care while maintain their dignity and treating the person with respect.

People were given choices in the way their support was given. They were also encouraged to be as independent as possible. One person enjoyed going out for walks. It was not safe for them to be out alone which had been recorded in their risk assessment. The staff went for walks with them and also supported them with cleaning their room. All rooms had been personalised by working with the person to identify their choices and acquire things of interest to them.

People's relatives were encouraged to visit whenever they wished and people were supported to maintain contact with their families.

Good

Is the service responsive?

Our findings

People received personalised care that responded to their needs. People's care plans followed a standard template which included information on people's personal history, their health, individual preferences and interests. The plans were individualised, person-centred and included clear instructions for staff on how best to support people with their specific needs. The plans covered all areas of people's life and one plan detailed the support a person required to assist with smoking cigarettes safely. We saw that the person was focussed on the time that their next cigarette was due throughout the day but accepted that it was in their interests to wait for the agreed allocated time, so that they had enough cigarettes to last the day.

Staff were aware of what activities people enjoyed taking part in, this included for one person going out for walks, while another person liked playing board games with the staff. Another person enjoyed watching television but only one channel. It was important to them that the staff knew this. The person was aware there were other channels but their choice was to watch this one channel of their choosing.

The people living in the service predominantly enjoyed solitary activities and one person chose to spend most of the time in their room. Staff visited the person regularly during the inspection, to check upon their well-being and at times were invited to stay and chat. At other times they were told to go and the staff acknowledged this was the person's choice and responded to their wishes.

Since the last inspection staff told us that people's care plans had been reviewed regularly. People were supported to make choices and where appropriate best interest meetings had taken place. For example influenza inoculations had been chosen in the best interest to keep people safe.

Body maps had been completed to record if staff had found marks on people's skin. However, staff had not documented the nature of the mark e.g. if it was bruising, skin discolouration, a laceration. The manager informed us that would be brought the staff attention so that this detail can be recorded in the future.

The service completed detailed assessments of people before they entered the service. This was so that the service staff could be confident that they could meet the person's needs. A person who required two to one support had been referred to the service but the decision had been made by the manager in consultation with the staff not to accept the person. This was because their level of dependency was much higher than the people currently living in the service.

Staff told us that they had been involved in the review of peoples support plans with the person, their relative and advocates. A formal review was completed every six months. The reviews were documented within the support records and where people were unable to sign staff had documented how the person had been involved in the review.

There was an up to date complaints policy and procedure in place and this was available to people in an easy read format. Advocates and family members were available to support people to make a complaint if the need arose. The manager explained to us the process that would be used to resolve a complaint should

one be made. There were no outstanding complaints at the time of the inspection. We did see that a number compliments had been recorded of how people had been supported by the service staff. The service had acted upon an issue of confidentiality regarding the telephone. The service staff had learnt from this and a dedicated landline was now available for the people who used the service.

Good

Is the service well-led?

Our findings

At our last inspection we had concerns about the statement of purpose which had not been reviewed and the overall governance of the service.

At this inspection we saw that a statement of purpose had been rewritten. This had also been reviewed to capture the thoughts of the staff and set out the principles of how the service would operate to meet the needs of the people that used the service.

The manager informed us that with regard to the last inspection, "We overlooked a lot of things but we have made a lot of improvements since then." This included systems in place for the auditing and checking the good governance of the service. The manager told us that relatives were involved in the development of the service, including plans in place to becoming part of the governance body. The manager had compiled an action plan as a result of the last CQC inspection and we saw that each item had been addressed as per the instruction in the plan to improve the service.

Incident and accidents were recorded and analysed to see what lessons could be learnt. Peoples care plans and risk assessments were reviewed regularly and updated. The staff were aware of the contents of the care plans so that they understood the people's needs and how to support them particularly in times of difficulty and how to prevent situations from escalating.

The service had a plan in place regarding on-going maintenance and servicing of equipment within the service and evacuation plans in the event of fire and other emergencies. Therefore the management of the service had completed the actions they had promised to undertake in a timely and effective way.

All of the staff told us that the manager was approachable and highly supportive, acting as a role model whenever on duty in the way they approached and supported the people that used the service. Staff also liked the rota being compiled well in advance and the manager quickly and effectively dealing with staff requests particularly annual leave arrangements.

One member of staff told us, "We work as a team and try to create a homely environment."

People, relatives and staff members had been asked for their opinions of the service and any improvements that they would like were considered and brought into effect as soon as possible. Currently the service was being upgraded and further decorations were planned having consulted with the above groups of people.

Staff were able to contribute to the development of the service during supervisions and staff meetings. One member of staff told us, "We are supported in staff meetings and can raise issues at any time and we now have more supervision than before." Another member of staff told us, "We can talk about how we can support people in our supervision and staff meetings."

There was an effective quality assurance system in place. Quality audits completed by the staff and reviewed

by the manager on a monthly basis included medicines management, infection control and support records. The future development of the service was planned by the manager. This was achieved by completing monthly audits as well as reviewing the supervision and staff training.

People's confidentiality was maintained. We saw that there were robust arrangements for the management and storage of data and documents. People's written records were stored securely.

All people using the service had a care plan which was person-centred and reviewed each month. Changes in people's physical health were documented and how they were to be supported. People's mental health needs were also reviewed and staff used their skills to support people with issues of their mental health. This was important for the maintenance of the people's well-being.