

Innovations Wiltshire Limited

Callisto

Inspection report

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20 December 2016

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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?

Requires Improvement ●

Summary of findings

Overall summary

The inspection of this service took place on the 20 December 2016 and was unannounced. It is registered to provide accommodation with personal care to two people with mild learning disabilities and mental health needs. At the time of our visit there was one person living at the service.

The registered manager became registered in November 2016. '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.'

Quality assurance systems were in place but the monthly audits were not consistent with inspection findings. Some records needed updating for example positive behaviour management plans. Where people had capacity, their consent was not always gained to deliver care and treatment. The registered manager informed us following our visits that records were reviewed and how action plans were to be followed.

The people we asked said they felt safe living at the service. One person said the staff made them feel safe. The staff on duty were knowledgeable about the safeguarding of vulnerable adults procedures.

Care plans were in place. They were person centred and included the person's likes and dislikes. One person on a transition visit said once they had moved into the home they would be seeking employment. Risks were assessed and where they were identified action plans were developed on minimising the risk.

Medicines were administered by the staff. Medicine administration charts were signed to indicate the medicine administered. Protocols were in place for medicines to be administered when required.

A member of staff was on duty at all times and on call procedures were in place for staff to gain support. Recruitment procedures ensured the staff employed were suitable to work with vulnerable adults. New staff received an induction to prepare them for the role they were employed to perform. Staff attended training set by the provider and specific training needed to meet people's needs. For example, autism, dementia and during induction mental health awareness training was provided.

People told us they made their own decisions. They said they made decisions about their meals and activities. They said the staff were caring and their rights were respected. Members of staff were able to describe how they ensured people felt that what they said mattered to them.

People said they were accompanied on healthcare visits. Staff documented the outcome of the visits and these reports showed people had regular appointments with their GP, dental check-ups and there was input from specialists such as psychiatrists.

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 knew the actions needed to minimise risks identified. Risk assessments were in place for risks identified.

One member of staff was on duty at all times.

Staff knew the procedures they must follow if there were any allegations of abuse.

Systems of medicine management in place were safe.

Is the service effective?

Good ●

The service was effective

People were assisted by staff to make day to day decisions. People's capacity to make specific decisions was always assessed.

People's dietary requirements were catered for. People were supported to develop menus and to prepare meals.

Members of staff attended mandatory training set by the provider

Is the service caring?

Good ●

The service was caring.

People benefitted from a person centred culture and the staff were committed to providing a service which put people at the centre of their care and treatment. People were supported by a staff team who were able to build trusting relationships.

Is the service responsive?

Good ●

The service was responsive.

Assessments were not always undertaken for people on pre admission visits. The registered manager made the appropriate care plans accessible to staff since our inspection.

People participated in activities. People told us they would approach the staff with concerns.

Is the service well-led?

The service was not always well led.

Quality assurance systems to monitor and assess the quality of service were in place but needed improving to identify shortfalls and to develop plans on improving the service.

Systems were in place to gather people's views.

Members of staff worked well together to provide a person centred approach to meeting people's needs.

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Requires Improvement ●

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Detailed findings

Background to this inspection

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

This inspection took place on 20 December 2016 and was unannounced.

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 also reviewed information we hold about the service including previous inspection reports and notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us.

During the visit we spoke to the person living at the service and one person on a pre-admission visit. We also spoke with the member of staff on duty, senior managers and the registered manager.

Is the service safe?

Our findings

People at the service said they felt safe living at the service and staff made them feel safe. The member of staff on duty told us they attended annual safeguarding of vulnerable from abuse training. This member of staff was aware of the procedure for safeguarding people from abuse. They knew the types of abuse and the expected action for alleged abuse. This member of staff also explained they had previous experience of reporting alleged abuse. It was explained that when two people were physically aggressive towards each other a referral was made to the local safeguarding team.

The member of staff on duty explained the systems for managing risk. They said risks associated to people included leaving the home without staff support and fire from smoking in the building. It was further stated that where risks were identified, were assessed and the risk level was defined.

The risk assessment for one person who was likely to smoke in the home was in place. The risk assessment action plan was for the lighters to be kept under staff supervision. The person's capacity to make decisions about smoking safely was not part of the risk assessment. The registered manager told us following the inspection that the risk assessment was reviewed and as the person had capacity to make these decisions agreement was gained for the staff to support them with safe smoking and with budgeting for cigarettes.

Risk assessments for one person to take risk safely was in place for visiting the local shop without staff support and was assessed as a moderate risk. The action plan listed the places this person was able to visit without staff and for staff to ensure the person had funds to make purchases and to encourage the person to make healthy choices for food purchases.

The community access risk assessment was assessed at a high level of risk. The action plan was for staff to support the person as there was a high level of risk, busy areas were to be avoided and staff were to monitor their behaviour.

Staff reported incidents and accidents. We saw the copy of an incident reported in July 2016. Staff had reported that an aggressive incident had occurred following a day out and a discussion with the person had occurred.

One person told us there was staff always on duty and they knew the core staff working at the home. The member of staff on duty told us the service was fully staffed. The rota in place showed there was one member of staff on duty at all times.

There were safe recruitment practices in place. Staff files included application forms, checks undertaken and appropriate references received. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure staff were suitable to work with vulnerable adults. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults. Professional written references on the staff's conduct was request and copies of the references received were kept on file.

One person said the staff administered their medicines in the morning and at night. The staff that administered medicines were assessed as competent in the safe management of medicines. The member of staff on duty told us that currently they were not yet fully competent to administer medicines. They said arrangements were in place for staff within the organisation to administer medicines.

Medicines were kept securely. The medicine profile included the photograph of the person to ensure the staff administering medicines were able to recognise the person. Also included were the prescribed medicines. Protocols that give staff guidance on the criteria for administering when required medicines (also known as PRN) were not fully detailed for all PRN medicines. The registered manager updated the PRN protocols following the inspection to ensure there was sufficient guidance to staff on when to administer PRN medicines.

Is the service effective?

Our findings

The member of staff on duty told us their induction was "intense and module based" which included shadowing staff working in other locations within the organisation. It was also stated the training provided had given them confidence to fulfil the expectation of the role to lone work at the service. The records of induction showed new staff had a four week induction which covered mandatory training set by the provider and shadowing of more experienced staff. The registered manager told us on the first day of the induction staff were shown around the property and asked to read procedures and records of people. They also told us the role of the deputy manager was to include mentoring new staff to assist them in developing specific skills and knowledge.

Training set by the provider for staff to attend included safeguarding of vulnerable adults procedures, dementia, positive behaviour management, understanding autism, Mental Capacity Act (MCA) and for new staff an in-house induction.

The member of staff said there were twice weekly opportunities to have one to one meetings with the registered manager. They said the one to one discussions were based on people and to share information. The registered manager said there were four one to one sessions per year. They said the agenda for one to one meetings were set before the meetings.

One person told us they made daily living decisions for example, visits to the shop. This person told us they were able to visit the local shop but they needed support from staff to visit the wider community. They also stated they made decisions about menus. People capacity was assessed to determine their ability to make specific decisions. We saw the person was assessed as having capacity to make decisions except for self-administering medicine. The mental health team had found the person to lack capacity to self-administer medicines specific for their mental health. The member of staff on duty told us one person was able to leave the home to visit local shops but was vulnerable if they went into the wider community.

The positive behaviour management plan (PBM) for one person was dated 2015 and needed reviewing to ensure the strategies were effective. The PBM listed severe anxiety as a trigger for challenging behaviour and included were the signs of anxiety, for example pain and auditory hallucinations. The signs of mental health deterioration and the strategy for managing challenging behaviour were part of the PBM. For example, the proactive strategy was for staff to offer an opportunity to undertake activities and the reactive strategy was for staff to maintain their distance.

One person told us they were able to make refreshments and were involved in menu planning. We saw there was a good range of fresh vegetables, tinned and frozen foods. The member of staff on duty confirmed people made their refreshments and staff prepared meals.

People were supported with their ongoing healthcare needs. People had annual health checks and action plans were developed to support their ongoing healthcare needs. For one person the action plan was for their weight to be monitored and a healthy diet was encouraged. However, the health action plan needed to

be reviewed. We noted the person living at the service had not been weighed since May 2016. The registered manager had confirmed that people's weight was now monitored monthly.

Hospital passports to be used by medical staff in the event of an emergency. We saw included within the hospital passport the information that medical staff "must", "need" and "should" know about the person which included their preferred name, their likes and dislikes. For example, the hospital passports stated the person's preferred name, they liked their own space and disliked crowds.

Is the service caring?

Our findings

We spoke with one person on a pre-admission visit to the service. This person said they were looking forward to moving into the home. They said the staff did not accompany them during their visits to the local shop, the food prepared by the staff was "ok" and were looking forward to setting goals which included employment. The person living at the service told us they "liked the staff." They told us the staff were respectful and promoted their rights such as knocking on their bedroom door before entering.

A member of staff on duty told us their experiences of mental health enabled them to empathised with the person which placed people at their ease. People's preferred methods of communication was used. They said suggestions on in-house activities such as baking were made to ensure there was time spent with people during their shifts. This member of staff also described the steps that would be taken to encourage the person to engage in more structured activities. They said once the person on pre-admission visits moved to the home there was going to be discussions about developing people's skills such as employment.

People's personal information was part of their care plans which included information "staff must know about them". For example, their preferred first name. Their views about the service were gathered. The person living at the service was asked about the service and made suggestions about activities. These suggestions were acted upon. At a house meeting menus were discussed.

Visitors were welcome to the home. The member of staff on duty told us the person living at the service had visits from relatives. They said staff helped the person maintain relationships with relatives.

Is the service responsive?

Our findings

The "my care plan" described the person's background history, their current needs and their daily routines and preferred activities.

The member of staff on duty said the care plans were devised by the registered manager. They said the staff were encouraged to read them. This member of staff also stated that the care plans helped staff to gain "insight and to get to know the person". They said where there had been changes to the care plan they were referred to the updates through the communication book.

The personal care plan stated the person's ability to manage their personal and how the staff were to support them. For example, prompting from staff to undertake personal hygiene tasks and for staff to check water temperatures.

The mental health care plan included the person's diagnosis, the behaviours that may trigger a deterioration of mental health. The action plans gave staff guidance on monitoring the person's mental health care.

One person told us the staff supported them to participate in leisure activities. For example, they went on walks, swimming and visits to pubs and cinemas. The community access care plans stated that the person was able to visit local shops without staff support. The staff were to support the person in the larger community. There was an expectation that people participate in household tasks. The action plans stated the staff were to encourage the person to participate in household chores and staff were to provide assistance. During the inspection we observed the person and member of staff undertaking household tasks which including cleaning their bedroom.

One person told us they would approach staff with concerns. The member of staff on duty told us people at the service "rarely complained". There were no complaints from people or relatives since the last inspection.

Is the service well-led?

Our findings

Some records needed updating which included health action plans and positive behaviour management plans. For some people that had capacity to consent, agreements for staff to administer medicines was not in place. When required protocols for one person stated one tablet to be taken when required. This meant the staff, in the short term, coming into the home from other locations within the organisation specifically to administer medicines were not given clear guidance on administering when required medicines.

We also brought to the attention of the registered manager that care records and care plans were not in place for one person transitioning from hospital to the home. We saw that the documents accessible to staff was basic information such as the person's preferred first name, their consent for a photograph and partially completed hospital passport. This person was also subject to aftercare 117 section of the Mental Health Act. This meant the staff were not given up to date information about the person and guidance on the actions to be taken for noncompliance of the aftercare order.

The registered manager told us the subsequent action taken from our feedback at the end of the inspection. The registered manager told the care plan for the person on pre admission visits was in place, the health action plan and protocols had been reviewed.

Internal monthly audits were undertaken by the registered manager. Reports of the audit undertaken on 12 December 2016 showed the quality of care records, risk assessments, Health and Safety, medicine administration records (MAR) charts and disciplinary were assessed. Where standards were not fully met an action plan was developed.

The member of staff on duty said the organisation stood for ideas and vision for people they support. They said "the company has a good vision. They are good to work for and for the people who use the service." The registered manager told us the values of the organisation were based on a person centred approach where people were viewed as individuals and for these individuals to live a "happy life." They said the organisation expected the staff to enable people to make choices and their environment was to be homely and caring.

The views of people were gathered about the service and from professionals with involvement in the care of the people. Professionals gave positive feedback about the service. We saw from the questionnaires used that suggestions about areas for improvements were requested from professionals.

The member of staff on duty said the manager was "hands on and efficient". They said information was shared and was contactable at all time. The registered manager told us they had become registered as manager in November 2016. They said there was a management presence at the service and a "friendly and approachable" style of management was used. They said staff lone working at the service "can be difficult" and supporting people to transition for care and treatment at the service was a key challenge.

There was open communication between the staff and the registered manager. A team meeting was held

the day before the inspection. We saw documented that at the team meeting procedures and information about the organisation were shared and house issues were discussed. The registered manager told us team meeting were to occur regularly and the times of the meetings were to be set for when all staff were able to attend. They told us there was support from a deputy (based at another location within the organisation). This registered manager said the deputy shared some responsibilities such as one to one meetings with the staff and chairing team meetings. Where there were team meeting the staff that did not attend had to read and sign the document to ensure they were updated on information shared or agreements made