

# Innova House Health Care Limited

## Elm

### Inspection Report

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# Summary of findings

## Overall summary

Elm is owned by Innova House Health Care Limited and offers ground floor accommodation for three adults with various complex needs. The bedrooms are single with ensuite facilities and there is a shared kitchen and lounge area. The home is located next to other services owned by the same company and a shared activities centre is available. There is a registered manager for this service

Three people were accommodated when we visited and they told us they were happy living there and felt safe. We found staff had been trained in how to safeguard people who used the service. We also found that people's care and support plans incorporated comprehensive risk assessments which promoted their health and ensured their support was given safely.

We found the provider ensured the premises were maintained and equipment had all been serviced as needed to ensure it was safe to use.

People described the staff as "Good" and "Very caring". The staff told us they received some good support from the manager when they asked for it, but we identified some improvements were needed in providing formal staff supervision. The manager immediately arranged some meetings for two staff with their team leader.

Care and support plans were detailed and contained specific guidance for staff, but not everyone felt they were involved in making decisions about their care. The manager assured us this would be addressed.

People told us about a large range of activities in response to their particular interests. They confirmed they had frequent shopping trips, bowling, pub and cinema outings, rock and roll weekends and they could also attend an activities centre provided next to the home.

We found that the service was well led and the manager and general manager responded to all comments made about the service in order to make any improvements needed. One relative told us, "They have always listened to what I have said."

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 Deprivation of Liberty Safeguards (DoLS), and to report on what we find. (The deprivation of liberty safeguards is a code of practice to supplement the main Mental Capacity Act 2005 Code of Practice.)

We saw evidence to suggest that one person who lived in the home was being deprived of their liberty, due to increased supervision when in the community. The manager was in the process of making an application for DoLS in order to protect the rights of the person by ensuring that any restrictions on their freedom and liberty were assessed by professionals who are trained to assess whether the restriction is needed.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Are services safe?**

We found that people that lived at Elm felt safe at the service and their relatives were confident that they were in a safe environment and all risks had been fully assessed. We found the staff were aware of how to protect people from abuse and avoidable harm.

We found the premises were maintained and equipment had all been serviced as needed to ensure it was safe to use.

The Mental Capacity Act (2005) is legislation used to protect people who might not be able to make informed decisions on their own about the care they received. We saw in the care plans that people's mental capacity had been assessed regarding decisions about how they wanted staff to deliver personal care and support

### **Are services effective?**

We found people's needs had been assessed and action plans reflected people's individual needs and preferences. The plans were written in consultation with specialist advisors, where relevant, and contained specific guidance for staff. However, one person did not feel fully involved in making decisions about their care. The manager assured us this would be addressed immediately.

We found people's health was regularly monitored and referrals were quickly made to health services when needed.

We found the staff supervision and appraisal system was not effective, but the manager assured us that action was being taken to improve this for the staff we identified. All staff should have regular supervision meetings and appraisals with their supervisor to ensure they have the right skills and support to meet people's needs. Although improvement was needed, we did not judge this to be in breach of the Health and Social Care Regulations 2008.

### **Are services caring?**

We found that people were shown kindness and compassion in their daily care. People's individual needs and preferences were understood and respected.

People felt they were treated with dignity and that their privacy was respected, with one exception which was noted by the manager, who assured us a reminder would be given to staff about this.

Staff offered people choices and listened to their views and requests. This meant people felt valued.

# Summary of findings

## **Are services responsive to people's needs?**

We found that people had opportunities to speak to staff individually about their care, which was planned in a way that was responsive to people's individual needs and preferences.

We saw information about the service was available and accessible by each person. This included the complaints procedure, so that people were aware of who to speak to and how their concern would be dealt with, should they need to make a complaint.

A range of supported activities were available and we found that each person had access to the activities of their own choice.

## **Are services well-led?**

The staff we spoke with demonstrated they had a good understanding of the aims and objectives of the home and staffing levels were designed to enable all three people who used the service to have some individual support from staff during the day.

We found the manager was willing to learn from comments, concerns and complaints received to continually improve the service. People told us changes were made in the past when they had made comments. This meant that people were cared for within an open culture.

We found the service was well organised and we saw records of all monthly monitoring reports and weekly checks carried out by the manager and team leaders.

# Summary of findings

## What people who use the service and those that matter to them say

We saw the three people who currently used the service and spoke in detail with two of them and briefly with the third. We also spoke by telephone to some of their relatives to gain their views about the service.

People told us that they felt safe on the premises. The two relatives we spoke with both felt people were safe at the service and one said, "I know I don't need to worry, because they keep them safe there."

People we spoke with also felt confident that their equipment, such as hoists and standing aids, was maintained and safe to use.

People said they received effective care to meet their needs, but there were conflicting views about whether people felt involved in making decisions about their care. One person we spoke with told us they were involved in the decision making process, but another said "I don't know how my personalised care is worked out."

One person told us, "When I need to go to the GP or hospital I ask staff to make an appointment and it is done quickly." They confirmed medication was explained and they were told about any possible side effects.

People told us that good care had been provided. One person said "Some staff are really tuned in, they know when I have the blues and they ask me if I'm ok." Another told us, "Staff are caring and well trained to help me."

One person said, "I go and see a band every week, go to the pub to see friends, go bowling and I go on rock and roll weekends." Another told us, "I go shopping, cinema, bowling, trips into town and I go to the activities group next door some days."

Two people told us that they usually had enough staff to help them, but they felt that on rare occasions there was a shortage of staff. One said, "Sometimes they have had to get an additional staff member from another site." They both told us the longest they had to wait was up to 45 minutes.

People felt they were treated with dignity and that their privacy was respected. One person did say though, "Sometimes when I'm in the bath and staff have left the room they come back in without knocking." We were also told, "When I'm in my own room they always knock on the door before they come in."

One relative told us, "They are good staff and very caring." Another relative told us, "They do very well with my son; they are very patient and take time with him."

One person told us that through raising their views things had changed in the past and a relative told us, "They have listened to what I have said and helped (name of person) improve."

# Elm

## Detailed findings

### Background to this inspection

We visited the home on 2 April 2014. The inspection team consisted of an inspector and an Expert by Experience. This is someone who has had experience of using care services.

This service was inspected as part of the first testing phase of the new inspection process we are introducing for adult social care services called, “Fresh Start”.

Before the inspection visit we reviewed all information we held about the home. This helped us to decide which areas to focus on during our inspection.

On the day of our visit we spoke with the three people who lived at Elm, two members of the care staff, the manager of

the service and the general manager who represented the company. We also spent some time observing the way staff interacted with people. We looked at all areas of the building and this included two people’s bedrooms, with their permission.

We looked at a variety of records including two of the three support plans, two health action plans, staff records for the staff on duty, maintenance records and quality monitoring records.

Following our visit, we spoke by telephone to the relatives of two people who used the service for their views on the care their relations received.

# Are services safe?

## Our findings

All three people that lived at Elm told us they felt safe at the service. We saw the information that was available for people about how to report any concerns. One person had used the telephone to call the police when there was a need due to a particular incident and also reported concerns to staff and the manager. The person told us that staff on duty were quick to respond in protecting people who used the service from external threats outside of the service.

Staff on duty told us they had received training in safeguarding adults and that it was a main module in their current vocational training courses. Both staff members we spoke with were aware of where to find the contact number for the local multi agency safeguarding hub of the local authority, but both said they would report any incident initially to a manager on site. Both said they would not hesitate to report any concerns about the treatment someone was receiving from other staff.

The two relatives we spoke with both felt people were safe at the service and one said, "I know I don't need to worry, because they keep them safe there."

We found that people's care and support plans incorporated comprehensive risk assessments which promoted their health and wellbeing. For example, there were risk assessments about moving and handling people and actions staff should take to ensure this was done safely. Staff told us and records confirmed, that all staff had received training in moving and handling people. There were two new staff at the service and they shadowed experienced staff at different times to make sure they understood how to use the personalised equipment.

People we spoke with felt confident that their hoists and standing aids, were maintained and safe to use. One person remembered that servicing of their equipment had been carried out in February 2014. We saw records that confirmed this. We looked at the premises and all other equipment in use and also checked records of maintenance. We found all areas were maintained and safe. The premises had been built especially to meet the needs of disabled people. However, we observed very heavy fire doors. One person told us, "Every time I want to go in or out of a room I have to ask someone to open the doors as I can't manage them in the wheelchair, it doesn't promote my independence.". The manager told us the current doors were too heavy to work on an electronic touch pad system, but they were looking into changing them.

We saw from records that staff had been trained in health and safety and we observed a member of staff using a probe thermometer to check that food was cooked to the correct temperature to so that it was safe to be eaten.

The Mental Capacity Act (2005) is legislation used to protect people who might not be able to make informed decisions on their own about the care they received. We found that senior staff were trained in using the legislation. We saw in the care plans that people's mental capacity had been assessed regarding decisions about how they wanted staff to deliver personal care and support. The manager was aware of the need to apply for Deprivation of Liberty Safeguards in order to ensure the person's best interests were protected. This was so that people were only deprived of their liberty when it had been assessed to be in their best interests and there were no other, less restrictive ways of keeping people safe and well.

# Are services effective?

(for example, treatment is effective)

## Our findings

We looked at the care plans and saw that people's needs had been assessed and the plans reflected people's individual needs and preferences. The plans covered specific areas of personal care, mobility, behaviour, emotional and physical health. They were written with specialist advice where relevant. For example, there were guidance notes from speech and language therapists as well as a physiotherapist. We saw records of monthly reviews of the care plans and they had been adjusted as needed to ensure they represented action required to meet current needs.

The two people we spoke with in detail both confirmed they received care to meet their needs, but there were conflicting views about whether people felt involved in making decisions about their care. One person we spoke with told us they were involved in the decision making process and had weekly one to one meetings with a key worker to discuss their plan and any concerns. Another said "I don't know how my personalised care is worked out and I don't have one to ones (meetings) with staff."

We asked staff about this and it was explained that one person had very structured set sessions. The other person spent time with a key worker on a daily basis, but this was not structured in the same way. We discussed this with the manager who told us they would implement a regular structured time for this person to discuss their plan and any concerns.

There were no regular meetings for people that lived in Elm to discuss anything as a home group with the manager. However, one person told us that they regularly attended meetings at the day service. In these meetings they regularly talked about what activities they wanted and were asked if they had any concerns or comments about the service and these were passed to the manager.

We observed there was no information about independent advocacy within the home. We asked staff on duty about this and neither of them knew of any such service being available. The people we spoke with did not know about

any advocacy service and did not feel they needed one at the present time. They each had assistance from a relative should they need it. However, information about advocacy should be available in case it is needed.

We saw that in addition to care plans, each person had a health action plan. These had been written clearly with people's involvement and co-operation. Regular monthly weights were recorded in these plans and all contacts with health professionals were listed. This helped to ensure that people received the healthcare they needed to remain healthy.

One person told us, "When I need to go to the GP or hospital I ask staff to make an appointment and it is done quickly." We also saw a record of when one person had complained of toothache and an appointment had been made immediately to attend a dentist with support from staff.

We spoke with staff who told us they felt the training they had received prepared them to meet people's care needs. We also saw the training records that confirmed when staff needed refresher training in any area. There were dates planned for any refresher training that was needed. Two new staff were shadowing staff on duty for the day and learning about the specific equipment used to assist each person as well as people's individual preferences. The service used a system involving a local college and an apprentice scheme. This meant new staff had one year induction training, with some training modules taught by college staff and some based at the service. Continual professional development was offered to all staff and there was also support to become team leaders or seniors

Staff told us they knew the plan was to receive formal supervision in one to one meetings with a team leader every six weeks. However, both staff we spoke with said that these supervision meetings had not been regularly provided. We checked the staff supervision records and found confirmation that these meetings had not taken place on a regular basis for two staff members. When we raised this concern, the manager immediately ensured supervision meetings were arranged. Following this inspection visit, the manager informed us in writing that a team leader would meet with each of the two staff members during the following week.



# Are services caring?

## Our findings

People told us that they were provided with good care. One person said “Some staff are really tuned in, they know when I have the blues and they ask me if I’m ok.” Another told us, “Staff are caring and well trained to help me.”

In our discussions with two staff they demonstrated that they understood people’s individual needs and preferences. We observed staff speaking respectfully with people and offering choices at all times. We saw that staff used alternative communication methods as needed and as agreed with a person who was not using speech. Staff continually checked this person’s responses to ensure all was well. There was also a lot of friendly banter and laughing. Staff showed kindness and compassion in the way they spoke with people.

We saw there were reminders to staff in people’s care plans about the “Ten dignity challenges”. This included, “Support people with the same respect you would want for yourself

or a member of your family” and “Treat each person as an individual.” One staff member told us another of the staff on the team was trained as a dignity champion and this meant it was their role to remind staff about good practice in maintaining people’s dignity.

The people we spoke with felt they were treated with dignity and said that their privacy was respected during personal care. However, one person added, “Sometimes when I’m in the bath and staff have left the room they come back in without knocking.” We informed the manager of this and they assured us a specific reminder would be given to staff. There were no other concerns about dignity and one person said, “When I’m in my own room they always knock on the door before they come in.”

One relative told us, “They are good staff and very caring.” We were also told, “The manager really cares about people and all the staff do an amazing job.” Another relative told us, “They do very well with my (relative), they are very patient and take time with them.”

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

People were offered a range of activities according to their own particular interests. We witnessed a member of staff asking one person where they would like to go that afternoon and a trip to the local cinema was selected. This person confirmed they also had frequent shopping trips, went bowling, and attended the activities group next door some days. Another person told us, "I go and see a band every week, go to the pub to see friends, go bowling and I go on rock and roll weekends".

One person's preference was to have strict routines for their daily activities. Staff told us these were always respected. We observed that this was the case.

Although not all support staff had received training about the Mental Capacity Act (2005), senior staff had received this training. The Mental Capacity Act (2005) is legislation used to protect people who might not be able to make informed decisions on their own about the care they receive. We saw in the care plans that people's mental capacity had been assessed regarding decisions about how they wanted staff to deliver personal care and support. They were each able to make their own decisions in most

areas without staff making decisions in their best interests. There was one exception where staff had made a decision in a person's best interests so that extra support was provided in the community.

The person told us, "I want to go out alone sometimes; it's embarrassing always having staff with me". We discussed this with the manager who told us they were providing two support staff as a result of an assessment of all the risks involved, but the person concerned was not in agreement with having two staff when out in the community. The manager was in the process of making an application for Deprivation of Liberty Safeguards in order to respond to the person's needs and ensure the person's best interests were protected at the same time.

We saw there was information in a variety of formats about the service and how to make a complaint. People told us they would speak to their key worker, the manager or general manager if they had any particular concern. We witnessed one person raising an issue with the general manager, who explained what action was being taken.

There were records of complaints and concerns and these showed the manager and general manager responded to all comments made about the service. One relative told us, "They have always listened to what I have said and helped (name of person) improve."

# Are services well-led?

## Our findings

The staff we spoke with showed that they had a good understanding of the aims and objectives of the home and were constantly aware of the need to enable people to be part of the community and have a positive quality of life.

The staff told us they received appropriate direction from the manager for the service and the general manager of the company, when they called them for specific advice. Staff meetings had not always been held on a regular basis, but there had been a meeting between staff during the previous week. The manager was not available to attend, but had given full written responses to all issues raised by the staff group and the staff we spoke with told us this felt supportive.

The manager of the service told us there was a clear plan to ensure there were always the right staff available to support people at the service. We saw that there were always two staff in the mornings and three in the afternoons. This enabled all three people who used the service to have some individual support from staff. At night there was just one staff member in the building, once people had retired to bed. Both people we spoke with told us that they felt that on rare occasions there was a shortage of staff at night. They both needed two staff to assist them with personal care. They both separately told us, "Sometimes they have had to get an additional staff member from another home." We established that they had

waited up to 45 minutes, but other times just a few minutes. We discussed this with the manager, who said they had not been informed of any delay before, but would monitor these waiting times. There were other night staff at an adjacent home that were called upon in an emergency or if personal care was needed during the night. If the manager found people needed regular assistance at night they would arrange for a further staff member to be available in the same building.

One person told us that through raising their views in the past things had changed. The latest satisfaction survey had taken place in June 2013 and concluded that people at Elm were happy with what they do, happy with the choices they could make and positive about community involvement and friendship.

The manager told us that they learnt from concerns and complaints received at this and all other services provided by the same company. An example of this was that health action plans had been introduced to ensure people had appointments with health professionals when they were needed and this was monitored by the manager.

We saw records of all monthly monitoring reports and weekly checks carried out by the manager and team leaders. This demonstrated that care planning, daily notes, medication, finances and people's general wellbeing were checked on a weekly basis. The maintenance records showed that all repairs were carried out promptly when reported.