

Independence with Care Ltd

The Shires

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

About the service:

The Shires is one of two locations operated by Independence with Care Ltd. It provides accommodation for up to seven people with learning difficulties, who may require support with personal care.

People's experience of using this service:

- People were protected by staff who understood how to protect them from avoidable harm. The risks to people's health and wellbeing were assessed and action taken to reduce them. There were enough staff deployed to keep people safe. People's medicines were well managed and staff understood how to reduce the risk of the spread of infection. There were systems to learn from mistakes including the detailed analysis of accidents and incidents.
- Staff received training to enable them to do their jobs well. People were provided with care and support which protected them from discrimination. They were supported to maintain a healthy diet and had access to other health and social care agencies when needed. 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 environment was adapted to meet their needs
- There were kind and caring relationships between people and staff which were based on dignity and respect. People felt involved with decisions and felt that staff respected their wishes. Families were welcomed to the service at any time.
- People had care and support provided which met their preferences. Complaints were handled appropriately and in line with the provider's complaints policy. People did not currently receive end of life care.
- Staff enjoyed working at the service and felt respected and valued. People could give their views about how the service could develop and improve. The provider's quality assurance processes were effective in identifying potential risks to people's safety. There was a continued focus on learning, development and improvement.

More information is in Detailed Findings below:

Rating at last inspection: Good (report published 30 July 2016)

Why we inspected:

This was a planned inspection based on the rating at the last inspection. At our last inspection we rated the service Good. At this the overall rating for this service remained Good.

Follow up:

We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-led findings below.

The Shires

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection was completed by one inspector.

Service and service type:

The Shires is a care home. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it is small and we needed to be sure someone would be available to assist us with our inspection.

The inspection site visit activity started on 20 March 2019 and ended on the 20 March 2019.

What we did:

We used information we held about the home which included notifications that they sent us to plan this inspection. We also used the completed Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. However, the provider had completed this ten months previously and we therefore gave opportunities for them to update us throughout the inspection.

We used a range of different methods to help us understand people's experiences. We spoke with three

people who lived at the home about the support they received. As some of the people were out at their chosen activities we also spoke with two relatives.

We had discussions with three staff members that included the director, the service manager and a support worker. We reviewed care plans for two people to check they were accurate and up to date. We also looked at medicines administration records and reviewed systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement. These included accidents and incidents analysis, meetings minutes and quality audits.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse:

- People felt safe living at the service. One person said, "Yes I feel safe because there is always staff here to help me."
- Staff were knowledgeable about safeguarding and could explain the processes to follow if they had concerns. One member of staff said, "If I was at all worried I would speak with my manager and I know they would follow it up." Staff were also able to tell us the external organisations they could report concerns to.
- When safeguarding concerns were raised and investigated we saw that action was taken to protect people from further harm and this included referrals to other health and social care professionals.

Assessing risk, safety monitoring and management:

- People had risk assessments in place which guided staff on how to keep people safe. For example, if people needed support to access the local community, staff had guidance to follow on how to support them safely.
- Risk assessments were detailed and reviewed and updated swiftly if there had been any changes or incidents.
- Staff told us they felt they could confidently support people safely, and that the risk assessments accurately reflected people's needs, and the way they should be supported.

Staffing and recruitment:

- There were sufficient numbers of staff to keep people safe. One person said, "There are enough staff to help me all the time." A relative commented, "I think the numbers of staff are fine. [Relative] gets out and about okay. There's always enough staff."
- Staff told us there were enough of them on duty at all times. One said, "Most people living here are mainly independent so we don't need lots of staff. I think we have enough staff."
- Rotas showed that staffing was consistent and sufficient to meet people's needs.
- The provider followed safe recruitment procedures to ensure people were protected from staff that may not be fit and safe to support them. Disclosure and barring service (DBS) security checks and references were obtained before new staff started their probationary period. These checks help employers to make safer recruitment decisions and prevent unsuitable staff being employed.

Using medicines safely:

- Medicines systems were well organised and people received their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- Some people were prescribed medicines to take 'as required'. There was guidance in place to support staff to know when this was needed.

- Care plans had information recorded about the level of support needed by people to take their medicines safely.
- Staff received medicines training and records showed that competency assessments were completed to ensure staff followed the medicines policy and procedures.

Preventing and controlling infection:

- People were protected by the prevention and control of infection. The premises were kept clean by both staff and the people using the service, who were able to choose the household tasks they wanted to contribute towards. The service was clean and free from any obvious risks associated with the spread of infection.
- Staff told us and records confirmed that they had completed training in infection control and food hygiene.

Learning lessons when things go wrong:

- Staff understood their responsibilities to raise concerns in relation to health and safety and near misses. Accidents and incidents were recorded and analysed for themes and patterns to consider if lessons could be learnt and these were shared with staff. These were then shared with staff at team meetings and through one to one supervision meetings.

Is the service effective?

Our findings

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

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

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

- People's needs were assessed before they moved into the service to ensure they received the right care and support. This involved a transition in to the service that was completed at the pace suited to the person.
- Assessments took full account of people's social and cultural needs and considered compatibility with other people using the service.

Staff support: induction, training, skills and experience:

- People were supported by a staff team who were trained and well supported. Staff had an induction when they first started at the service and on-going training. One relative told us, "Yes I think the staff have very good training. They know how to help [relative] in the right way."
- Staff told us the training they received was a good standard and equipped them to do their job well. One member of staff said, "I do all my mandatory training every year."
- Staff said they could contact the registered manager for support at any time. Regular supervision took place which included the registered manager conducting spot checks on staff to monitor and assess competency.

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

- People were supported to have balanced diets and made choices about the kind of food they enjoyed.
- One person told us they enjoyed the food and told us what foods they enjoyed they most. One said, "I like fish and chips best."
- The service manager told us and records confirmed that if people needed extra support with eating and drinking they would work closely with the dietician and we saw this recorded.

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

- People were supported to lead healthy lifestyles, make healthy choices and have access to appropriate healthcare. One person told us, "I am having my feet done this afternoon." A staff member confirmed they were going to visit the chiropodist as it was an important part of their health screening for a particular health condition.
- Information was recorded about appointments to see healthcare professionals which showed concerns were acted on and treatment guidance was available to staff. People's healthcare information was reviewed monthly to check they had been updated in line with their needs.

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

- People were involved in decisions about the premises and environment. There was a homely environment

and people had decorated their rooms with their own belongings.

- The home was well maintained and regular checks were carried out to ensure all areas were safe and enabled people to freely move around the home.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- We checked whether the service was working within the principles of the MCA. At the time of our visit there was no one living at the service being deprived of their liberty at the time of our visit.

Is the service caring?

Our findings

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

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

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

- People told us the staff were kind and thoughtful. One told us, "Yes they are very kind." Another told us, "The staff are nice. They help me with things."
- Throughout the day, we saw that people were relaxed and comfortable. They clearly knew staff well and had confidence in the support they received.
- A relative said, "The staff are very kind and helpful to the residents. You couldn't ask for better."
- We saw caring interaction between staff and people throughout the inspection. One member of staff said, "It's a lovely home and we all care about the people we look after. It's a home from home."
- Staff demonstrated their awareness of people's likes and dislikes, for example, they knew how people liked to have their drinks and what foods they enjoyed. Regular reviews and meetings had taken place and these provided people and their relatives with an opportunity to be able to talk about the quality of care provided.

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

- People were enabled to make choices about the care they received. One person told us, "The staff listen to me." A relative commented, "The care is fantastic and the staff are wonderful."
- Each person had a keyworker to support them to make decisions and achieve their goals. This could be anything from booking a holiday to visiting family. One person told us, "My keyworker is good. They help me with lots of things."
- People and their relatives were consulted about the care and support delivered. A relative said, "The communication is very good. I am always told about things that go on."
- People were supported to make day-to-day decisions for themselves and were provided with information in formats which best suited their preferred mode of communication.
- People could have access to an advocate and would be supported to make decisions about their care and support. An advocate is an independent person who can help someone express their views and wishes and help ensure their voice is heard.

Respecting and promoting people's privacy, dignity and independence:

- Staff promoted people's privacy, dignity and independence. Each person had a care plan that documented their care and support needs. This contained regular prompts to staff to respect people's choices and right to privacy, whilst making sure they remained safe.
- We saw staff were sensitive when supporting people, they respected people's choices and acted on their requests and decisions.
- The registered manager and staff understood the importance of keeping people's personal information

confidential. People's care records, including electronic, were stored securely.

Is the service responsive?

Our findings

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

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

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

- People had an assessment of their needs before they moved into the service.
- People were supported by staff who knew them well and helped them to plan for things they wanted to do. One relative told us, "The staff are very approachable and supportive. They have a good knowledge and understanding of [relative]."
- There were care plans in place which provided staff with guidance about meeting people's needs. These were regularly reviewed and updated if there were any changes.
- There were regular individual reviews completed and daily handover meetings and records. One member of staff said, "We have a handover so we are up to date with everyone's information. If we can't do this verbally we have a handover book."
- There were activities planned throughout the week. The arrangements for social activities were based around people's individual needs. For example, we saw that people enjoyed swimming, wood work and going out for meals.
- The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given.

Improving care quality in response to complaints or concerns:

- The service had a complaints policy and procedure in place that was accessible to people and relatives if they wanted to make a complaint. This was available to people in a pictorial format. One relative told us, "I don't have any complaints but I would complain if I needed to."
- All people using the service had a keyworker, allocated to them and they were the point of contact for people to go to. People could raise their concerns or any complaints they may have on a one to one basis with their chosen key worker.
- There had been no complaints received by the service in the last 12 months, however there were systems in place to respond and investigate complaints when needed.

End of life care and support:

At the time of our visit there was no one receiving end of life care.

Is the service well-led?

Our findings

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

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

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

- The management team understood their responsibilities and sent us the information they were required to such as notifications of changes or incidents that affected people who used the service.
- The management team and staff were clear about their roles, and understood quality performance, risks and regulatory requirements.
- The management team carried out regular quality audits to check that staff were working in the right way to meet people's needs and keep them safe. We saw that quality checks were effective and identified areas where actions needed to be taken.
- Staff told us they would be happy to question practice and were aware of the safeguarding and whistleblowing procedures. They confirmed that they understood their right to share any concerns about the care at the service.

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

- We found a clear management structure in place and the registered manager and senior staff had the skills and knowledge to perform their roles.
- People and relatives spoke positively about the leadership of the home. One relative said, "[Name of service manager] is very open and very approachable. They run a good home."
- Staff also praised the support they received from the management team. One member of staff told us, "I love it here. We are like a family and we get lots of support."

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

- There were regular meetings with people who lived at the service and opportunities to feedback through surveys. We reviewed records and saw that meetings took place regularly.
- Staff felt supported through regular supervisions and appraisals. Team meetings were productive and staff felt confident their views and opinions mattered and were listened to.

Continuous learning and improving care:

- Information from the quality checks, complaints, feedback, care plan reviews and accidents and incidents was used to inform changes and improvements to the quality of care people received.
- There were internal systems in place to report accidents and incidents and the management team and staff investigated and reviewed incidents and accidents. The registered manager told us that following any

incidents there would be a review where staff involved were de-briefed on the incident and support plans would be updated and if needed new strategies introduced.

Working in partnership with others:

- Staff worked in partnership with other agencies that included health professionals from different specialisms, for example, health professionals such as GP practice's. Information was shared appropriately so that people got the support they required from other agencies and staff followed any professional guidance provided.