

Innova House Health Care Limited

Dignity- Innova house

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 took place on 17 February 2016 and was announced. This meant we informed the provider at short notice of our visit.

Dignity- Innova House provides personal care to people in their own homes. At the time of our inspection the service was providing the regulatory activity of personal care to nine people.

Dignity- Innova House is required to have a registered manager in post. 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. At the time of our inspection the service had a registered manager.

People who used the service said they felt staff provided safe and effective care. Staff had a good understanding of the various types of abuse and their roles and responsibilities in reporting any safeguarding concerns. Staff also had received safeguarding adults training.

Safe recruitment practices meant as far as possible only people suitable to work for the service were employed.

Risks to people had been assessed and risk plans were in place that advised staff about how to manage and reduce known risks. We noted that environmental risk assessments had not been completed to support staff of any potential risks to themselves. Accidents and incidents were recorded and appropriate action had been taken to reduce further risks.

The provider ensured there were sufficient staff employed and deployed appropriately to meet people's individual needs. The registered manager carefully considered any new requests to use the service to make sure these could be met. People who used the service said they had not experienced any missed calls and late calls were very rare. Additionally, people said that staff stayed for the duration of the call and they were not rushed. They told us that staff had time to spend with them and they had got to know them well.

Where people who used the service required support with their medicines, staff did this competently and safe practice guidance was followed.

Staff received a structured and planned induction, and received training and appropriate support. Refresher training was provided to support staff to keep up to date with any changes in best practice guidance.

The registered manager applied the principles of the Mental Capacity Act 2005 (MCA). Where people lacked mental capacity to consent to care and support, appropriate capacity assessments and best interest decisions had been made in line with this legislation.

Where people required support to eat and drink, staff provided appropriate support. They ensured people's preferences concerning food and drinks were met and made readily available. Support was provided with people's healthcare needs and action was taken when changes occurred.

People who used the service spoke highly of the staff and complemented them on their approach. They referred to them as kind and caring and that staff treated them with dignity and respect at all times. People also said that independence was promoted and this was important to them.

People who used the service said they were involved in their assessment, development and review of their care package. People were given information about what the service provided, this included how to make a complaint and the contact details of independent advocacy services.

Staff provided a responsive service that was based on people's individual needs, preferences and routines. Some people required support to participate in social and community activities and staff provided support for people to engage in opportunities that were important to them.

People's support needs were regularly reviewed for any changes and people were involved in these discussions and decisions. Where complaints had been received the registered manager had taken prompt action to address and resolve these issues.

People who used the service including staff, were positive about the leadership of the service. Staff were clear about the vision and values of the service.

The provider had checks in place that monitored the quality and safety of the service. This included opportunities for people who used the service to share their experience of the service they received. The provider had notified us of important events registered providers are required to do.

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 had received safeguarding training and knew how to recognise and respond to abuse correctly. The provider had a safe recruitment process to ensure suitable staff were employed.

Risks associated to people's needs had been assessed and risk plans were regularly reviewed.

There were processes in place to ensure medicines were handled and managed safely.

Is the service effective?

Good ●

The service was effective.

The Mental Capacity Act 2005 legislation was adhered to. Assessments and best interest decisions were made correctly.

People were appropriately supported with their dietary and nutritional needs. Staff supported people to maintain good health.

People received support from staff that were appropriately supported, and trained and understood their healthcare needs.

Is the service caring?

Good ●

The service was caring.

People were supported by staff that supported them appropriately and were kind and respectful.

People's individual needs were known by staff, they provided care and support in a way that respected their individual wishes and preferences.

People had information available to them about independent advocacy services.

Is the service responsive?

Good ●

The service was responsive.

People were involved in contributing to the planning and review of their care and support.

Care and support was personalised and responsive to people's needs.

People's views were listened to and there was a system in place to respond to complaints received.

Is the service well-led?

The service was well-led.

Staff understood the values and aims of the service. The provider was aware of their regulatory responsibilities.

People who used the service were encouraged to contribute to decisions to improve and develop the service.

Systems and procedures were in place to monitor and improve the quality and safety of the service provided.

Good ●

Dignity- Innova house

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 was 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 17 February 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that staff would be available.

The inspection team consisted of one inspector.

Before the inspection, we asked the provider to complete 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 information the provider had sent us including statutory notifications. These are made for serious incidents which the provider must inform us about.

At the provider's office we looked at three people's care records and other documentation about how the service was managed. This included policies and procedures and information about staff induction, training, support and recruitment. We also looked at the provider's quality assurance systems. We spoke with the registered manager and the assistant manager.

After the inspection we contacted seven people who used the service for their feedback about the care and support they received. We also spoke with three staff and a healthcare professional for their feedback about the service.

Is the service safe?

Our findings

People said that they felt a safe service was provided by Dignity- Innova House. One person said, "Yes, I feel staff care for me safely, I have no concerns at all." A relative told us, "I feel the staff are trustworthy, and care for [name of family member] safely, I would know if they didn't."

Staff demonstrated they were aware of their role and responsibilities with regard to protecting people. They knew the different categories of abuse and the action required if they suspected abuse. Staff gave examples of action they had taken when they had concerns of a safeguarding nature; they said the registered manager had been supportive and responsive. Staff confirmed they had received safeguarding training and records viewed confirmed this. One staff member said, "We have a responsibility to ensure people are safe with the care that we provide."

The provider had a safeguarding and whistle blowing policy and procedure available for staff. A 'whistle-blower' is a person who exposes any kind of information or activity that is deemed illegal, unethical, or not correct within an organization. Staff said that they would not hesitate to use the policy if required to do so.

People told us that they had been involved in discussions and decisions about any risks that had been identified that they required support with. One person told us, "I feel I've really been involved in how I receive my care, I have some health risks but we've discussed them and staff support me safely."

Staff said that they felt they had sufficient information available to them about how to manage and reduce known risks. One staff member said, "Before we meet the person we read information about their needs and any risks that have been identified. Risk plans are discussed with the person and regularly reviewed for changes." The registered manager told us that staff checked any equipment that they used such as a hoist prior to using it, to ensure it was safe to use.

We found people's care records included a range of risk assessments for people's health and well-being. These included risks related to skin damage, mobility including the risk of falls and health related needs such as epilepsy. On the whole risk plans provided staff with the required information about how these risks should be managed to protect the person. We saw that these records were reviewed monthly but found some examples that whilst changes to people's needs had been recorded; the support plan had not always been updated. Additionally, we identified that some risks plans lacked specific detail. For example, a catheter care support plan and risk plan did not provide staff with information that advised them of any risks to be aware of that would indicate an infection and the action they needed to take. We also noted that risk assessments of people's living environment had not been completed. This is important information for staff. We discussed this with the registered manager who agreed to take immediate action to address these issues.

We found that accidents and incidents had been minimal but where there had been any concerns identified appropriate action had been taken in response to these.

There were sufficient staff employed and deployed appropriately to meet people's individual needs and to provide a safe service. No person we spoke with had received a missed call and all confirmed that staff stayed for the duration of the call. One person told us, "On the whole the calls are more or less on time, if anything they're a bit early on occasions." Another person said, "I've only had one late call and that was unavoidable and I received a call advising me it would be late." An additional person said, "I really can't fault them, they [staff] are pretty well on time and they always ring if they are running slightly late."

The registered manager told us that they assessed any new service request carefully and considered staff availability. They said, "We are careful not to agree to any care package that we are not confident that we can meet."

The provider had safe staff recruitment and selection processes in place. We looked at six staff files which confirmed the recruitment process ensured all the required checks were completed before staff began work. This included checks on criminal records, references, employment history and proof of ID. This process was to make sure, as far as possible, new staff were safe to work with vulnerable adults.

Some people who used the service required support from staff with taking their prescribed medicines. One person told us, "I just need them [staff] to remind me to take my medicines that's all."

Staff told us that they had received training on how to support people to take their medicines safely. One staff member said, "We had training from a pharmacy, and had to complete a training book and have our competency checked by the manager."

We saw evidence of the training staff had received. The provider had a medicines policy and procedure for staff that was based on national guidance. People's medicine support plans advised staff of how the person took their medicines. Medication administration records were used by staff to record when they had supported a person to take their prescribed medicines. This information was reviewed by a team leader on a monthly basis to ensure people had been appropriately supported.

Is the service effective?

Our findings

People who used the service spoke positively about the competency, experience and approach of staff. One person told us, "I'm really very happy with the quality of the staff, they are very good the way they look after me." Another person said, "The staff have an excellent approach, they are professional, yet knowledgeable and very competent."

Staff told us of the induction and training they had received and said that they were positive about their experience. One staff member said, "The induction was well planned and supportive. I shadowed experienced staff, completed training, learnt about the service and got to read people's support plans before I met them." Another staff member told us, "The training I've done includes, first aid, managing behaviour and moving and handling."

One staff member said, "I have monthly meetings with the manager, it's good to sit down and talk about the service and how I'm getting on."

We saw records that confirmed new staff had received an induction that included the Skills for Care Certificate. This is a recognised workforce development body for adult social care in England. The certificate is a set of standards that health and social care workers are expected to adhere to. This told us that staff received a detailed induction programme that promoted good practice and was supportive to staff.

Records also showed that staff had attended relevant training. This included, moving and handling, infection prevention and controls, health and safety, food hygiene and managing challenging behaviour. We also saw that staff had specific information about health conditions such as epilepsy. This provided additional information and guidance and best practice. Staff had received opportunities to meet on a one to one basis with the registered manager to review their work, training and development needs. These are referred to as supervision or appraisal meetings.

People who used the service told us that staff gained their consent before care and support was provided. One person said, "I have been fully included in all decisions about my care package and have signed documents to confirm this."

Staff gave examples of how they gained consent from people before providing care. One staff member said, "We always ask and give people choices about the care we provide. If a person refused I would respect their decision."

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. One staff member said, "We gain consent wherever possible and where there are concerns about people's mental capacity to consent, the manager does an assessment and involves others in the best interest decision." The staff training matrix showed that staff had received MCA training. From the sample of care records we looked at, we found the registered manager had correctly adhered to this legislation. For example, where concerns had been identified about a person's capacity to consent to a specific decision about their care and support, an assessment and best interest decision had been made. Records showed the actions the registered manager had taken and who else had been involved in these discussions and decisions.

Some people who used the service required support with their meals and drinks. One person told us, "They [staff] help me to maintain a healthy diet which is important for me. Sometimes I don't feel like eating but they encourage me and have spotted things I like and will remind me." Another person said, "They [staff] leave me a snack and a drink before they leave, they know my likes and dislikes."

Staff gave examples of how they supported people to eat and drink sufficient amounts and that they were aware of people's dietary needs. One staff member said that support plans provided information they needed about people's dietary needs. They told us, "We follow people's routines; I support people with their breakfast and with snacks. I ask what people would like to eat and where possible encourage people to participate in meal preparation to promote independence if this is appropriate."

We found examples from care records we looked at that people's nutritional and dietary needs had been assessed and planned for. Important information or recommendations made by healthcare professionals were included in people's support plans.

People were supported to maintain good health. People who used the service did not raise any concerns about how staff supported them to maintain their health. One person told us, "I was asked about my health care needs, this was recorded with information staff need to know about how to support me."

Staff gave examples of how they had supported people with their health needs. This included how they had reported concerns to the office to alert healthcare professionals of a change to a person's health. Additionally, the action they had taken themselves when the concerns were more serious or life threatening. This involved calling the emergency services for assistance. Staff also told us about the communication systems in place where they recorded information about people's health to alert the next staff member of information that was important. This enabled staff to monitor people's health effectively.

Is the service caring?

Our findings

People that used the service talked positively about the approach of staff and described them as caring, kind and respectful. One person told us, "They [staff] talk to me like another human being. They're getting to know me, involve me with everything and acknowledge and respect that I have life experience."

People said that because the service was so small, they had got to know all the staff and found them to be friendly, professional and approachable. People also said that they received consistency and continuity in the care package they received. One person told us, "The staff can be different each day but because there is so few of them, it doesn't affect the quality of care I receive, they are all so reliable."

People told us that they found staff had sufficient time to meet their needs and staff confirmed that they did not feel rushed when supporting people. One person who used the service said, "They're [staff] are wonderful, we have a chat, I feel they have time for me." Another person told us, "I'm quite taken aback about how the staff are so supportive, they make me feel that I'm important."

Staff were knowledgeable about people's preferences and personal histories. They said that they had this information available to them, and that before they visited a person they read about their needs, routines and preferences. People meet staff before they provided care and support, and appreciated being introduced before care was provided.

Staff showed compassion in the examples they gave about how they supported people at times of distress or discomfort. One staff member told us how a person was uncomfortable and unwell when they visited them. They said, "The person was clearly not feeling well, I couldn't just leave them how they were. I spoke with the manager and we called the GP out and I stayed with the person until they arrived."

People were supported to express their views and be actively involved in making decisions about their care and support. People told us they had support plans that they had been involved in developing. One person said, "I've felt completely involved from the start of using the service. They're [staff] asking for feedback all the time about how I'm finding everything."

People told us that at the start of using the service they received, an information pack about what they could expect from the service. This included information about independent advocacy services. This told us that the provider had given people an informed choice about advocacy support should they have required this.

People received care and support that respected their privacy and dignity and promoted their independence. People who used the service made positive comments about how staff treated them with dignity and respect. One person said, "The staff are so thoughtful, I can't praise them enough in showing me respect and dignity." Another person said, "The staff are caring, they respect and understand how my independence is important to me."

Staff gave examples that showed they were respectful of people's privacy and ensured their dignity was

maintained. This included examples of how they promoted people's independence. One staff member said, "It's important for people's health and well-being that they maintain their independence. For some people their independence is a huge issue." Another staff member told us, "Protecting people's dignity is very important in particular when supporting with personal care needs. I always shut the door, close curtains and give people time and privacy." We found people's support plans prompted dignity, respect and independence.

The registered manager told us that staff had received training in dignity and that they followed the ten dignity pledges when providing care. These pledges describe values and actions that staff should follow that respect people's dignity.

Is the service responsive?

Our findings

People received care and support that was focused on their individual needs, preferences and routines. People who used the service were complimentary about how staff had got to know what was important to them and how staff were responsive to their individual needs. One person said, "They [staff] have got to know me very well in a short space of time, they have already picked up on what I like and dislike and how I want my care to be provided."

People confirmed that their needs were assessed at the start of using the service. One person told us, "My request for a care package was a last minute thing, after the call two managers visited the very next day. We came up with a plan between us and it's gone on from there."

Staff gave examples of how people's care package was developed based on their request. This included the times of calls and the support required. Staff told us some people had a limited circle of support and the service helped reduce social isolation. Staff showed they were knowledgeable about people's individual needs. For example, people were supported by staff with social activities. This included supporting people to attend and participate in a community day service, where they joined in activities and socialised with other people. One staff member said, "I support a person to have a pub lunch each week. I found out the person likes classical music, when I'm supporting them at home I ask if they would like to listen to it."

We found people's individual care records contained a good level of detail about people's routines, their life history, including religion and spiritual needs and what was important to them. People had also been asked about their preference of male or female staff. This enabled staff to provide a responsive and effective service that was based on individual needs.

The registered manager told us they had frequent contact with people who used the service and gave examples of action they had taken in response to requests made. For example, a person had asked for their call times to be changed and this had been acted upon. They said that they and the assistant manager were in the process of arranging to visit all the people who used the service to inform them of some short term changes within the management team. The registered manager said that this would also include a formal review of people's care package.

The provider enabled people to share their experiences, concerns and complaints and acted upon information shared. People who used the service said they would not hesitate to speak with staff or contact the registered manager if necessary. One person said, "I have no complaints at all but feel able to speak with the staff if I did." Another person said, "We have information about how to make a complaint. I asked the manager once if I could have a different member of staff to support me, it wasn't a problem, they responded straight the way."

Staff were aware of the complaints procedure and what their role and responsibilities were. They told us that anything which was brought to their attention that could be resolved by them would be done so immediately. Staff said they would also ask for support from the management team We found that the

provider had a complaints policy and procedure and that this was shared with people that used the service. We saw what action had been taken when complaints had been received. We saw the registered manager had been prompt and responsive and there were no ongoing complaints.

Is the service well-led?

Our findings

The service prompted a positive culture that was person centred, inclusive and open. People were positive about the service they received. One person said, "I'm really very happy with the service I receive, I get the right support, when I need it and the way I want." Another person told us, "I've used other services but this one is head and shoulders above them." Additionally, people said that they found communication with the service to be good. This included contacting the office staff or registered manager. They said, "The manager is responsive, we see them sometimes as they also provide the care, they are so approachable and understanding."

Feedback from a healthcare professional was positive about how the service met people's individual needs. They told us, "I've only recently known about the service. I'm really impressed so far. It's a very professional service, the manager is really kind and caring and doing all the right things."

Staff had a clear understanding of the provider's vision and values for the service. One staff member told us, "We provide an individualised service and try and make a difference to people's lives." Another staff member said, "I absolutely enjoy what I do, we support people to live the way they want to."

People who used the service gave positive feedback about how the service was managed. They said that the service was responsive and flexible in its approach. Staff also said that the leadership of the service was good. They said the registered manager was supportive and approachable and always quick to respond when they contacted them. One staff member gave an example where the registered manager went out to support them when there were concerns about a person's health. All staff said that communication was good between the office staff and themselves. This included the sharing of information about any changes to people's needs.

Registered persons are required to notify CQC of certain changes, events or incidents at the service. Records showed that we had been notified appropriately when necessary.

The service had quality assurance systems in place that monitored quality and safety. The registered manager told us that they were planning to introduce spot checks. This was to check that staff were wearing the correct uniform, providing care and support in line with people's individual needs and that people were treated with dignity and respect.

We saw an annual feedback questionnaire which was sent to people who used the service in 2015. Information viewed showed the service had received positive comments from people. This included complimentary feedback about how people were involved and consulted and how the service communicated with people and listened and responded to any issues, concerns or complaints. The registered manager told us that the provider was in the process of sending another questionnaire to people.

The provider had additional systems that audited how the service was provided. The registered manager

and assistant manager completed monthly audits that were shared with senior managers within the organisation and who had oversight of the service. This included staffing information such as training completed and required, staff supervisions and meetings, support plans and risk assessments. We saw these audits were up to date.

Staff were aware of the reporting process for any accidents and incidents. The registered manager showed us how these were recorded and gave examples of action that had been taken to reduce incidents reoccurring.

The registered manager told us that they tried to provide staff meetings monthly. This was a means of supporting staff, to exchange information and as a method to drive improvements. We saw staff meeting records dated June 2015. These demonstrated the registered manager and staff team met to discuss how the service was provided and reviewed how further improvements could be made to the service.