Innovations Wiltshire Limited

Innovations Wiltshire Limited - 10 The Crescent

Inspection report

10 The Crescent
Pewsey
Wiltshire
SN9 5DP

Tel: 01672562266

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08 April 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?	Good

Summary of findings

Overall summary

10 The Crescent is registered to provide accommodation with personal care for up to five people with learning disabilities. At time of the inspection four people were living at the home. The accommodation is provided in a semi-detached house, located in the village of Pewsey.

The inspection took place over two days on the 7 and 8 April 2016 and was unannounced.

The service had a registered manager who was supported by a home manager in the day to day running of the service. 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. The provider told us the home had been managed by a home manager and was in the process of submitting an application to be the registered manager. The registered manager had a strong presence in the home on a daily basis.

Staff knew people's individual communication skills abilities and preferences. There was a range of ways used to support people to communicate their wants and wishes. People were supported to follow their interests and take part in social activities. People were encouraged and supported to develop and maintain relationships with people that mattered to them and avoid social isolation.

Care plans were personalised and each file contained information about the person's likes, dislikes and preferences. People's needs were reviewed regularly and as required. Handover between staff at the start of each shift ensured important information was shared and acted upon where necessary.

People were protected against the risk of potential harm and abuse. Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe.

People were supported by sufficient staff with the right skills and knowledge to meet their needs. Safe recruitment practices were followed before new staff were employed to work with people. People's needs were met by staff who had access to the training they needed. Training records for staff confirmed they received training on a range of subjects.

There were safe medicine administration systems in place and people received their medicines when required. Records confirmed people had access to health care professionals as required such as a GP, dentist and an optician.

People's dietary needs and preferences were clearly recorded in their care plans. One person told us they liked the food and were able to make choices about what they had to eat.

The home manager, deputy manager and staff acted in accordance with the requirements of the Mental

Capacity Act 2005. Where people did not have the capacity to make decisions themselves, mental capacity assessments were in place and records showed that decisions had been made in line with best interests. Where required Depravation of Liberty Safeguarding applications had been submitted by the provider.

The home manager investigated complaints and concerns. People and staff had confidence the home manager would listen to their concerns and would be dealt with appropriately. Relatives felt communication could be improved as they were not always kept up to date. People and their relatives were able to share their views on the service and knew how they could make a complaint. The provider had quality monitoring systems in place. Accidents and incidents were investigated and discussed with staff to minimise the risks of reoccurrence.

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

This service was safe.

People were protected against the risks of potential harm or abuse.

People were supported by sufficient staff with the right skills and knowledge to meet their individual needs.

People's medicines were managed and administered safely.

Is the service effective?

Good

This service was effective.

Staff told us they had the training and skills needed to meet people's needs.

Staff were all aware of people's dietary needs and preferences.

People's health care needs were monitored any changes in their health or well-being prompted a referral to their GP or other health care professionals.

Is the service caring?

Good

This service was caring.

People appeared happy and contented.

People were treated with compassion and kindness in their day to day care.

Staff showed concern for people's well-being in a caring and meaningful way, and responded to their needs quickly.

Is the service responsive?

Good

This service was responsive.

Care and support plans were personalised and reflected people's needs and choices.

People had a range of activities they could be involved in. They were able to choose and make suggestions about what activities they took part in.

People were supported to maintain relationships with people that mattered to them.

Is the service well-led?

Good

This service was well-led.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home.

People and staff had confidence the home manager would listen to their concerns and would be dealt with appropriately. Relatives felt communication could be improved as they were not always kept up to date.

The service had a positive culture that was person centred, open and inclusive.

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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.

One inspector carried out this inspection which took place on 7 and 8 April 2016 and was unannounced.

Before we visited we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. We used a number of different methods to help us understand the experiences of people who use the
service. This included talking with one person who uses the service and three relatives about their views on the quality of the care and support being provided. We also had discussions with the home and deputy manager and spoke with two members of staff.

Not all people living in the home were able to tell us what they thought of the service. We observed the care provided to people who use the service to help us understand their experiences. We looked around the premises and observed care practices throughout the day.

We looked at documents that related to people's care and support and the management of the service. We reviewed a range of records which included four care and support plans, staff training records, staff duty rosters, staff personnel files, policies and procedures and quality monitoring documents.

Good

Is the service safe?

Our findings

People were protected against the risk of potential harm and abuse. Staff were trained in safeguarding vulnerable adults and were aware of the different types of abuse people may experience such as verbal, physical or financial. Staff knew who they should report any concerns to and what actions they should take should they suspect abuse had taken place. For example staff told us about a recent incident where they had to ensure a person was safe by removing them from the situation. One person said "I feel safe living here" and a relative we spoke to stated "My son is safe and happy there".

Occasionally people became upset, anxious or emotional. Staff knew how to respond, for example one person sometimes displayed rocking behaviour near hard surfaces, which could cause them injury. Staff encouraged the person to move away from the hard surface. Another person who was living with dementia got upset at times during personal care. There was a protocol in place when providing personal care to ensure staff used basic step by step instructions to reassure the person.

Risks to people had been identified, assessed and managed appropriately. There were risks assessments within people's care records for personal care, nutritional needs and daily routines. These were reviewed annually however risk assessments were amended as people's needs changed.

Staffing levels were assessed and monitored by the home and deputy manager to ensure there were sufficient staff available to meet people's needs at all times. There were enough staff on duty to ensure people's needs were met and they were supported to take part in planned activities either within the home or the community. The home manager told us they had to increase staffing to provide a one-to-one carer for one of the people due to an increase in their needs. One relative told us some activities were cancelled at times due to low staffing levels caused by sickness or holidays. The home manager explained this happened occasionally however they always strived to cover sickness and holidays to ensure it didn't impact on people's activities. The service had access to an on-call service to ensure management support could be accessed at any time.

Accidents and incidents were recorded and analysed to help the staff team identify and understand any patterns or trends. This enabled them to think about anything they could be doing differently and if referrals to other health professionals for support and guidance were required.

People were protected from the risk of being cared for by unsuitable staff. There were safe recruitment and selection processes in place to protect people receiving a service. This included seeking references from previous employers relating to the person's past work performance. New staff were subject to a Disclosure and Barring Service (DBS) check before they started work. 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.

People's medicines were managed so they received them safely and as prescribed. Medicines were stored in line with the provider's procedure and guidance for the safe management of medicines and where required,

were disposed of safely. We reviewed a selection of medicine administration records (MAR) and found them to be completed satisfactorily, indicating people received their medicines safely as prescribed or "when required." On the day of the inspection we saw a medicines audit being completed to check for any areas of improvement.

There were measures in place to manage infection control. The home was free from odours and appeared visibly clean during our inspection. People were also involved in maintaining the cleanliness of the home and were responsible for cleaning their own rooms. There were sufficient supplies of Personal Protective Equipment (PPE) including disposable aprons and gloves.

The provider had systems in place to make sure the premises were safe and to respond to foreseeable emergencies such as fire. However there were no personal emergency evacuation plans in place for people. This increased the risk to people in an emergency as the evacuation plan provided advice to staff on their safe evacuation in the event of an emergency. At the end of the inspection the provider had completed an emergency evacuation plan for each person in the home.

Good

Is the service effective?

Our findings

People had their needs met by staff with the necessary skills and knowledge. A system was in place to provide staff with core training required by the provider. This ensured they had the correct skills and knowledge to carry out their role. Core training included the safeguarding of vulnerable adults, Infection control, moving and handling and fire safety. A training record was in place. This enabled management to have an oversight of the training staff had undertaken. Training needs were also monitored by management through individual support and development meetings with staff. New members of staff received a thorough induction which included shadowing an experienced member of staff.

Regular supervisions (one to one meetings) were held between staff and their line manager. These meetings were used to discuss progress in the work of staff members; training and development opportunities and other matters relating to the provision of care for people living in the home. These meetings were also an opportunity to discuss any difficulties or concerns staff had. However staff told us they could approach the manager at any time to discuss any suggestions or raise any issues. Staff also received an annual appraisal of their performance. Staff also attended team meetings where information was shared and people's needs were discussed.

Communication between staff was effective. There was a handover meeting between shifts which was also recorded. At these meetings information was shared about how the people they were supporting had spent their time and information was passed on about any issues or concerns that the staff coming on duty needed to be aware of. All the staff we spoke with were knowledgeable about the people they supported and had an understanding of how people communicated and what their preferences, likes and dislikes were. To support people with communication one staff member explained they would use pictures, signing or show the person two or three objects to choose from. They also told us they understood people's non-verbal communication, for example knew when a person was unhappy or unwell as they would hold their head in their hands and pulls at their face.

We looked at how the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff demonstrated a good understanding of supporting people to make choices and decisions about their daily living. They explained people were always offered the choice of what they wanted to eat and drink and how they wanted to spend their day. We observed staff asking people if they would like tea, coffee or hot chocolate. Where people were not able to verbally make their choices known, staff used pictures or short

words. Staff told us each person could make decisions about their daily living and they encouraged people to do so. One staff member stated "It's their home and it's up to them." Staff also understood that some choices might put people at risk, for example a person had no road safety but wanted to leave the house and go for a walk on their own. Staff would support the person in the least restrictive way using distracting techniques to divert their attention.

Where people did not have the capacity to make decisions for themselves, mental capacity assessments had been undertaken. Meetings had been held to discuss decisions made in the person's best interest, for example for medical intervention a discussion was held with the doctor. The manager told us that where required applications for DoLS authorisations had been made. Applications had been submitted by the provider to the local authority and they were awaiting a response.

Good

Is the service caring?

Our findings

Staff knew people's individual communication skills, abilities and preferences. There was a range of ways used to make sure people were able to say how they felt about the caring approach of the service. People's views were sought through care reviews, annual surveys and monthly customer satisfaction questionnaires. Relatives' comments from a quality assurance questionnaire stated, "Staff are very helpful and easy to communicate with. They seem very happy and dedicated to the care they provide", "You should all be really proud with the quality of care that is given and the happy atmosphere in the house" and "All staff seem very caring and can't do enough for my son".

People were treated with kindness and compassion in their day-to-day care. We observed staff talking to people in a kind and patient manner and people looked comfortable around staff. We saw staff knocking on bedroom doors before entering and apologising to people for interrupting. One person was able to tell us that they were happy with the care they received. A relative we spoke to said "I have every confidence in the staff. They are absolutely fantastic".

Where people had communication difficulties, we saw staff using various methods to aid communication, for example using picture cards or Makaton signing. People were given choices at lunchtime for what they wanted to eat, for example staff would show people two or three different foods to choose from. Staff told us one person had received intensive one-to-one sessions with a male member of staff, which they preferred and they had seen an improvement in their communication since.

Staff showed concern for people's wellbeing in a caring and meaningful way, and they responded to their needs quickly. Staff told us that one person was living with dementia and they spoke very fondly of the person. The home manager said "Some staff needed debriefing as they were feeling upset about seeing the person deteriorating." Staff were working towards supporting the person to be able to remain in their current accommodation for as long as possible. Staff told us they had made some adjustments supporting the person in the progression of their dementia, for example had tried different coloured plates, coloured toilet seat and new flooring in the person's room. Staff had also identified situations which caused distress, for example the person got upset when seeing their image in a mirror, and therefore staff had covered the mirror in the kitchen. We observed staff sitting down with the person, going through a memory box with some of the person's favourite items and photos.

The home was spacious and allowed people to spend time on their own if they wished. Staff told us that one person usually came to sit at the kitchen table, however that day they chose to stay in their bedroom as their favourite sport was on the television. People's care was not rushed enabling staff to spend quality time with them. We observed a staff member sitting down with a person at lunchtime, supporting them to eat. The person was at risk of choking and the staff member slowly supported the person at their own pace.

People had access to local advocacy services although staff told us that no one was currently using this service. They were planning to refer one person as they did not have any family or friends to represent them.

Good

Is the service responsive?

Our findings

Care, treatment and support plans were personalised. The examples seen were thorough and reflected people's needs and choices, for example one person had a protocol for personal care in place as they got distressed. There were step-by-step instructions for staff to support the person. There was also information about what the person did not like during personal care and alternative suggestions to meet this need. Each person had their likes and dislikes recorded.

People's needs were reviewed regularly and as required. Where necessary the health and social care professionals were involved. There was evidence that where there had been deterioration in people's health or mobility the appropriate referrals were made to the doctor, physiotherapist and speech and language therapist. Staff told us that if a change was noticed this would be pencilled into a person's care plan and a review of their care would be arranged. It was evident that staff understood people's health needs and they also had health action plans in place. Health action plans hold information about the person's health needs, the professionals who support those needs, and their various appointments.

Handover between staff at the start of each shift ensured important information was shared, acted upon where necessary and recorded to ensure people's progress was monitored. For example any change in medication, appointments or concerns would be communicated and recorded.

People had their needs assessed before they moved to the home. Information had been sought from the person, their relatives and other professionals involved in their care. Information from the assessment had informed the plan of care.
People were supported to maintain their independence and access the community. Staff told us they promoted people's independence, for example encouraging them to take part in meal preparation such as peeling vegetables. Another example was encouraging a person to walk to the kitchen with their walking aid, instead of using the wheelchair.

People had a range of activities they could be involved in. People were able to choose what activities they took part in and suggest other activities they would like to complete. One person told us they enjoyed cooking, cleaning and gardening while another person liked playing skittles and a meal out. Other activities included drumming, music, arts and crafts at the day centre and attending a local club once a fortnight. People also visited a local farm and were involved in the annual Pewsey carnival. People had access to shops for their own individual shopping, but also to complete a communal house shop. People were involved in in-house activities if they wished to do so, for example board games, foot spa and one-to-one speech exercises.

The home manager told us complaints and concerns were taken seriously and used as an opportunity to improve the service. People had an opportunity to raise their concerns in house meetings or the monthly customer satisfaction questionnaire. People told us they felt comfortable to raise any concerns with staff.

Good

Is the service well-led?

Our findings

The service had a registered manager who worked closely with the home manager to lead and supervise the delivery of care and support within the home. On the day of the inspection the registered manager chaired a staff meeting at the home. The registered manager did not take part in this inspection. The home manager told us they were in the process of applying to be the registered manager. The home manager was supported by a deputy manager in the day-to-day running of the home.

To keep up to date with best practice the home manager explained they received regular supervision which gave them the opportunity to discuss their professional development. They said they attended regular meetings with other registered managers within the organisation. This gave them the opportunity to share information and ideas.

People and staff had confidence that management would listen to their concerns and would be received openly and dealt with appropriately. Staff told us they felt supported by the management team. There were regular staff meetings to discuss various topics, for example people's routines, any concerns and areas of development. Any updates on policies and procedures were discussed during staff meetings. The home manager told us there had been improvements in the way they run the service, for example they stopped moving staff around different services, and had developed a core team of staff providing continuity for people.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home. These included monthly audits for example maintenance of the house, infection control and the administration of medicines. Any actions identified from the audits were discussed at the monthly managers' meeting.

Relatives had an opportunity to complete a quality assurance questionnaire annually. They told us they would like to have more communication from staff with updates on their family member's health or feedback about what activities they had done. They said "I don't get informed of dentist or doctor's appointments. When there is a change in medication I don't get told until my son comes home for a visit." and "I have complaint about the lack of response to a request for my son's bus pass, but still no action had been taken". The provider informed us there had been a delay in processing the bus pass as they had been waiting on further documents from the family. This has now been resolved. With regards informing the family of changes in medication the provider told us there had been very few changes in medication in the last year. One person had a change and when asked if he wanted his parents informed he replied "no". The home manager told us the complaints received from relatives had been investigated and they had contacted the relatives with an apology. The home manager told us they had regular contact with relatives and felt they were updated nine out of ten times. They recognised the importance of contact with the families.

People's views on the care and support they received were sought. People using the service attended weekly house meetings where they could discuss activities they wished to take part in and any suggestions or

concerns they wished to raise. Monthly quality checks for people using the service were also completed, for example checking if people were happy with staff and if they were treated with dignity and respect. We saw that suggestions from people were actioned, for example one person stated in the quality check that they would like a greenhouse for gardening. The person told us they had bought a greenhouse with staff support and had been using it, but unfortunately it was damaged in bad weather. They were hoping to replace it.

The management operated an on call system to enable staff to seek advice in an emergency. This showed leadership advice was present 24 hours a day to manage and address any concerns raised.