The Individual Support Service Limited

Speymill 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

We inspected Speymill House 25 and 26 April 2016. Our inspection visit was announced 48 hours before so the provider could make sure staff were available to speak with us and make arrangements for us to visit people in their home.

The service provides personal care to people living in their own homes with learning disabilities or autistic spectrum disorder. There were four people receiving support at the time of our visit.

The service was last inspected on 12 July 2013 when we found the provider was compliant with the essential standards described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

There was 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 and associated Regulations about how the service is run. There was a registered manager in post at the time of our inspection.

People received care from staff who had a good understanding of what constituted abuse and knew what actions to take if they had any concerns. There were sufficient numbers of staff to meet people's individual needs and keep them safe. Identified risks were assessed and managed in a way that promoted people's safety. There was a safe procedure for managing people's medicines and people received their medicines as prescribed.

Relatives told us staff were friendly and caring and had the right skills to provide the care and support they required. Staff received an induction when they started working for the service and completed training to support them in meeting people's needs effectively. Staff were positive about the training and support they received. They told us it enabled them to meet the needs of people in the home.

The registered manager understood their responsibilities under the Mental Capacity Act (MCA) to ensure people were looked after in a way that did not inappropriately restrict their freedom. This included applications made to the relevant authority for any restrictions to people's freedom that were deemed necessary to keep them safe; known as Deprivation of Liberty Safeguards (DoLS).

People were encouraged to eat a varied diet that took into account their preferences and any nutritional needs. People were supported effectively with their health needs and had access to a range of healthcare professionals.

There was a consistent staff team who knew people's abilities, support needs and preferred routines. People were relaxed with staff who took time to listen to them and understand their needs. Staff respected people's privacy and dignity and treated them as individuals. People were able to maintain personal relationships

with people that were important to them.

Each person had a care and support plan with detailed information and guidance personal to them. Support plans included information on maintaining the person's health, daily routines and their preferences.

The provider had systems in place to monitor the quality of service provided. The managers regularly reviewed the care and support people received and took action to continuously improve the service. Staff told us they felt supported by the managers who were approachable and open to suggestions about the service people received.

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.

Relatives told us people were safe because they received support from staff who understood the risks relating to people's care and supported people safely. Staff knew how to safeguard people from avoidable harm and there were sufficient staff to meet people's needs. Medicines were managed safely and people received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

People were supported by staff who had received appropriate training to help them undertake their work effectively. However training records for staff were not consistently up to date. People were supported to access a variety of healthcare services to maintain their health and wellbeing. Staff were aware of their responsibilities regarding the Mental Capacity Act and Deprivation of Liberty Safeguards. People made choices about their food and drink and were supported to maintain a balanced diet.

Is the service caring?

Good

The service was caring.

People were supported by staff that were kind and caring. Staff ensured people were treated with respect, had privacy when they needed it and maintained their dignity at all times. People were encouraged to maintain their independence and supported to make choices about how to spend their time.

Is the service responsive?

Good

The service was responsive.

Relatives told us the service was responsive to their family member's needs.
No complaints had been received however actions were taken in response to minor concerns to improve communication with

relatives. People and their relatives were involved in decisions about their lives and how they wanted to be supported. Support plans provided staff with the information they needed to respond to people's physical and emotional needs.

Is the service well-led?

Good

The service was well led

The managers and staff were approachable and there was a clear management structure in place to support staff. The managers were accessible to people who used the service, their relatives, and members of staff. There were systems in place, so people could share their views about how the home was run. Checks were carried out to ensure people received high quality care and support

Speymill 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 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.

The inspection took place on 25 and 26 April 2016. The inspection visit was announced and was undertaken by one inspector.

Before the inspection visit the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We were able to review the information in the PIR during our inspection. We looked at information received from statutory notifications the provider had sent to us. A statutory notification is information about important events which the provider is required to send to us by law. We contacted local authority commissioners who contract the service to find out their views. They had no concerns about the service.

We spoke with one person who attended the office and visited two people living in their home. Most of the people could not tell us about their care and support due to their complex needs. We spoke with three relatives so they could tell us their experience of using the service. This helped us get an understanding of the care people received and to assess whether people's needs were appropriately met.

We spoke with the registered manager, service manager and three members of care staff. We reviewed three people's care records to see how certain aspects of their support was planned and delivered. We looked at other records related to people's care and how the service operated, including the service's quality assurance audits.

Good

Is the service safe?

Our findings

Relatives we spoke with said they felt their family members were safe, one relative told us, "[Person] is perfectly safe, we trust the staff completely." Another told us, "I feel very confident in staff to keep [person] safe."

We met with three people who used the service and two were confident to approach us, all appeared relaxed and at ease with the staff that supported them. The relationship between people and the staff was friendly which indicated they felt safe around staff members.

There were enough staff to provide the supervision and support people needed to keep them safe in their home and in the community. All four people using the service required 24 hour 'one to one' support and we asked relatives if staff were always in attendance. A relative told us, "They always show up for duty and if there is a problem and one might be bit late, the manager will call us to let us know, that's usually only if there has been an emergency."

Staff told us there were sufficient numbers of staff to supervise people and provide the support they required. The registered manager told us there were two care staff vacancies, and they were currently recruiting staff. The vacant posts were being covered by existing staff, bank staff (employed by the provider on as needed basis) and if necessary agency staff until the posts had been filled. This meant people were supported by staff who were familiar with them and knew how they liked to receive their care.

The registered manager told us one agency worker had been used on a regular basis to support one person in their home. They went on to say, "It's important that we have a consistent support team for people. I look at peoples values and approach when employing new staff."
One relative we spoke with told us they had been asked by the registered manager to be involved in the selection of new staff to support their family relation and where possible, people were involved in choosing their own support team. The registered manager told us, "We have to have flexible, caring and compassionate people to do this job, every day will be different. We need the right calibre of staff, if they are not suitable we will not employee them."

Staff knew and understood their responsibilities to keep people safe and protect them from avoidable harm. Staff understood people's communication levels and told us they would look for signs that people with limited communication were unhappy or upset. One staff member said, "You may notice a change in behaviours and their body language would be different, you can tell because we know them so well." Another said, "If someone isn't eating that's an indication something is wrong, I can read [persons] body language."

Staff told us they had completed training and felt confident to recognise and respond to different types of abuse to protect people. One staff member told us they would not hesitate to report any concerns saying, "I would report to my line manager and I would also make sure it was properly referred to safeguarding, if it wasn't I would do that myself." Another told us, "I would tell the team leader and I know they inform the

safeguarding team but I can also do that and contact the police or CQC if I am not happy."

The provider had safeguarding and whistle-blowing policies and staff had to read and sign to say they understood them. In addition they were required to carry out knowledge checks to demonstrate they understood their responsibilities to keep people safe. The provider also had a whistle-blower telephone 'hotline' that was available for staff to anonymously report concerns if they preferred.

There was detailed information to identify and manage risks associated with people's care, including risks in the home and risks to the person. For example one person was supported to clean their own room; however they were closely monitored around cleaning materials as they liked to put their fingers in their mouth. The registered manager told us, "We don't want to take away choice and independence; it's all about positive risk taking."

Staff were knowledgeable and knew the risks associated with people's care and how these were to be managed. Records confirmed that risk assessments had been completed and care was planned to minimise the risk and to support people's health needs. For example, where people had behaviours that were challenging to themselves, or others, plans were in place so staff knew how to identify triggers and how to interact with people to reduce anxiety.

One staff member told us, "[Person] can have challenging behaviours; you need to be able to calm him down. I talk in a calm way and sometimes I will try to redirect him by suggesting an activity or involve him in household chores." One relative we spoke with told us, "They know [person] very well and his behaviours can be difficult to cope with. Knowledge of him is very important and they will speak to me if there is a new behaviour they encounter. Sometimes I can give background information as to why he is behaving in a certain way." The provider had developed a new team called the 'Positive behaviour support team' who aimed to provide support and advice to staff and ensure consistency in how an individual's behaviour was managed.

The provider had recruitment procedures to ensure staff were of a suitable character to work with people. Staff told us they had Disclosure and Barring Service (DBS) checks and references in place before they started. 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 people who use services. Records confirmed the required checks had been made before staff started working in the home.

Medicines were stored safely and administration records showed people received their medicines as prescribed. No-one at the time of our visit was receiving medicines to be administered on an "as required" (PRN) basis. We asked staff how they would know if a person who was unable to communicate might be in pain. They told us, "You can see by [persons] facial expressions, they would frown a lot. I would take them to the GP."

One person had a medical condition and staff told us they would be able to communicate if they were in pain. However this person did not have pain medicine prescribed if they required it. We discussed this with the service manager who told us they would follow this up. The provider did have a protocol for the administration of these types of medicines to ensure they would be given safely and consistently when prescribed.

Staff told us they completed training before they were able to administer medicines and had regular checks to ensure they remained competent to do so. However we saw documentation relating to two members of staff who had been assessed as competent but the forms were not dated. One staff member who had joined

the provider from another service did not have a current competency form in place. We discussed this with the registered manager who told us this would be addressed immediately.

Medicine records were checked to ensure they were managed safely and people received their medicine as prescribed.

Each person had an emergency evacuation plan so staff and the emergency services would know what support they needed in the event of an emergency.

Good

Is the service effective?

Our findings

Relatives we spoke with told us staff had the right skills to support their family members. They told us, "I know they attend training days, I think they are very capable." And, "Yes, I think the staff are very well trained." Staff communicated with people effectively and understood their individual needs. For example, some people had limited language skills. Staff used their knowledge and communication skills to understand the wishes of people.

During our visit to one person's home we heard them banging on a table. The member of staff was able to tell us this was because they were happy and they knew it was time for staff changeover. Members of staff told us they communicated with people using clear language or visual prompts, and tailored their communication according to the individual's abilities.

Staff told us they received an induction when they started work, and completed training to meet the needs of people. The induction was linked to the Care Certificate which provides care staff with the fundamental skills they need to provide quality care. The registered manager told us, "We try to make our training for staff friendly. We changed the training to include knowledge checks on eight of our most important policies such as safeguarding, DoLS and medicines." They told us this helped staff demonstrate they knew how to put policies and procedures into practice.

Staff told us the managers encouraged them to keep their training and skills up to date. The managers maintained a record of staff training, so they could identify when staff needed to refresh their skills. However we found that this was not fully up to date for three members of staff. The registered manager told us they would instruct the service manager to ensure the training records were reviewed and updated.

One member of staff told us, "I am doing my NVQ three and the managers encourage me." Another told us, "We get lots of training and if I feel I need more I just have to ask. The training we get increases my confidence." One new member of staff we spoke to told us they had spent time with a senior member of staff when they first joined the service and felt their induction course was thorough. They commented, "I feel I had enough training and they gave me a booklet that I had to complete with knowledge checks in." They went on to say they enjoyed their new role so much it had motivated them to continue studying at night time so they could enhance their knowledge on specific areas such as epilepsy.

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 people 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 are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the registered manager and service manager were working within the principles of the

MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The managers and staff were able to explain the principles of MCA and DoLS and had a good understanding of the legislation. The managers reviewed each person's care needs to assess whether people were being deprived of their liberties and had submitted applications to the local authority for their consideration.

Staff demonstrated they understood the principles of the MCA and DoLS. They described asking people for their consent and respecting decisions people made. They told us, "We are there to support people but they can make some decisions for themselves, you can't assume they cant. We have to give someone freedom and choice." Another commented, "Who am I to say someone does not have capacity and rights."

Where people could not make decisions for themselves, staff understood important decisions should be in their 'best interests' in consultation with health professionals. For example one person was undergoing medical tests and staff had attended the hospital to liaise with the person's doctors to discuss making a 'best interest' decision regarding a medical procedure. The service manager told us they were seeking the support of an independent advocate for the person to support them with the decision. An advocate helps people access information and services, and supports them to be involved in decisions about their lives. We saw 'best interest' decisions had been made around supporting people with their medicines and finances.

Staff told us they had regular supervision (one to one) meetings with the service manager where they were able to discuss their performance and identify any training required to improve their practice. One staff member said, "We have our supervision meetings every three months and we get good feedback. We can talk freely; it's a two way thing." Another told us, "It's really useful, you get to say if you have concerns and the manager tells me areas I might need to improve in."

People were supported to maintain their nutrition and hydration. Staff knew people's food requirements and preferences, and supported people to eat a healthy diet where possible. A member of staff told us a healthcare professional had advised one person should have their fluids closely monitored after a certain time of day. However we did not see this reflected in their support plan. The service manager told us they would rectify this.

One person we spoke with told us they had been out with staff and chosen items to bake a cake when they got home. We saw the ingredients required were printed out in 'easy read format'. 'Easy read' formats use visual images and large print sizes to make information more accessible to people. They told us, "We have been out shopping today." They showed us the ingredients they had purchased and that they were looking forward to baking the cake.

People were supported to maintain their healthcare needs, had access to healthcare services and received on-going healthcare support. Relatives we spoke with told us, "[Person] needs to attend the dentist regularly and staff take him, they are very prompt acting on any health concerns." Another told us, "They will take [person] to the GP if he needs to go."

The registered manager and staff told us people were supported to attend hospital appointments and each person had a communication passport. This provides important information about people, who have limited communication abilities, to healthcare professionals.

Good

Is the service caring?

Our findings

One person told us how much they liked the member of staff that supported them. They told us, "I like her, she is very nice." When they had finished speaking with us they took us back to see the service manager and their care worker and we saw the staff were kind and caring towards the person. There was a relaxed atmosphere and laughter.

Relatives we spoke with were positive about the staff and said they were caring. They told us, "I am very satisfied with how they care for [person], after all, that's my child they are caring for and I feel confident in them." Another told us, "Staff are very caring, they encourage [person] to do things and they laugh with him."

Staff told us how much they enjoyed their jobs and supporting the people they cared for. They told us, "I love this job, it makes me smile and I like to know I have made people's lives better." And, "For me, I look at this job as if I am caring for my own relative and how I would want them to be treated." Another told us, "When I come on duty [person] will give me a hug and a kiss."

We saw where possible, people were involved in making decisions about their care and had been involved in planning their care and support. Relatives were also involved where needed, one commented, "We are involved totally in [persons] support plan, and we want to make sure we are involved, we know him best."

People were supported to maintain their independence and the support they received was flexible to their needs. Relatives told us, "My relation has mobility problems but if he wants to do something the staff will do all they can to support him." Another told us, "It's about striking a balance between giving choice and independence and keeping [person] safe." The service manager told us, "I like to see how staff are giving people opportunities; the smallest thing can provide the biggest outcome for a person."

People were able to spend time how they wished, and were encouraged to make choices about their day to day lives. Staff respected the decisions people made. Staff told us they involved people as much as possible in making daily choices and decisions. This included what they would like to wear, what food and drink they wanted and what activities they would like to take part in.

Staff told us how they supported people they cared for to make choices. One told us, "We always give choices to people; we will ask what they would like to wear. For [person] who cannot see we put clothes next to him. He can then feel the clothes and will push away the one he does not want to wear." Another told us they were able to identify what a person wanted by their body language and noises they made. They went on to say, "We build close relationships and understanding of the people we care for, they are like part of my family now."

The registered manager told us, "You have to treat people how you would want your own family to be treated, choice is very important for people. Not following a person's support plan and not offering choices is not respecting people."

We asked staff how they ensured people's dignity was maintained. One staff member told us to ensure the person's privacy and dignity when being assisted with personal hygiene they would; "Make sure they were covered up and when they are in the bath I will give them some privacy but I am constantly checking to make sure they are safe."

Another told us one person would sometimes become anxious and display behaviours that challenged staff when receiving personal care. They told us, "I always explain what I am going to do but if this happens I cover [person] up and allow him to calm down and will maybe try again, or ask another member of staff to assist."

The provider made sure staff supported people with dignity and respect. The PIR stated, "Each staff member has completed a specific induction to the person they support and can discuss their background and history to evidence their understanding of a person's needs in a respectful and dignified manner." Staff had their practice observed by managers to ensure they put this into practice. The registered manager told us this was important so the staff had a good understanding of the person they were supporting.

Relatives told us they felt welcomed by staff when they visited their family relatives in their homes. One told us, "When I visit and there are new staff I spend time with them telling them about my relation. " Another told us, "I visit regularly and the staff are very friendly, we have a good rapport with them."

Good

Is the service responsive?

Our findings

Staff we spoke with demonstrated a good understanding of people's individual care. They knew about people's needs, their communication skills and the physical and emotional support they required to maintain their wellbeing. A relative told us, "[Person] doesn't always respond well to new people and they respond to that. They are on the ball and that is so important. They pick up on his actions; they really understand him." Another told us, "The staff know [persons] funny little ways, and they have great knowledge about him and his likes and dislikes." One relative told us they were mostly happy with the support their relative received but told us that new staff had to take time to build a good relationship and understanding of their relation.

People were encouraged to participate in activities inside and outside their homes according to their personal wishes and staff supported them to access these. One person told us, "I like classical music and I like to go to Tesco, and I go to college." People were encouraged to do things they enjoyed such as listening to music, watching the television, swimming and shopping in the local community.

People, where possible, and their relatives, were involved in making decisions about their care and how this was delivered. Each person had a care and support plan with detailed information personal to them. Support plans included information on maintaining the person's health, their daily routines and preferences. Plans were detailed and provided staff with written instructions on how tasks should be performed.

Support plans outlined how people wanted to receive their care and support and the choices they were able to make for themselves. They included instructions for staff to follow and useful information about people's lives and interests so their care could be planned in line with this. Staff we spoke with confirmed they found these useful as they knew what care and support to provide.

One staff member said, "We learn about people by working with them but the support plans give lots of detail about what people like and dislike." Another told us, "When I first started I spent time reading peoples support plans and they gave me so much information about people's routines and medical history."

Support plans contained information gathered from relatives about their family members' life and daily routines. There was information for staff on how to identify how a person was feeling through their gestures and actions. For example one person, when happy would flap their hands and turn their head from side to side. When they were unhappy they would bite their hands and if they wanted something to eat they would put their hands out and tap their mouth to say please or thank you. Staff understood these gestures and were able to interpret the person's communication and respond to their needs.

Relatives told us they were regularly involved in reviews of the support plans for their family member. They said, "I am always involved with the review and it's an opportunity for me to highlight any issues or concerns." Another told us, "Staff keep me updated of any changes. I meet every year with [service manager] to review the support plan."

We saw support plans were reviewed regularly by the service manager and when there was any change in a person's support needs. However one person requiring support and care around a medical condition did not have detailed information for staff to monitor their health and well-being. We discussed this with the service manager who told us they would review the plan and include the relevant information.

Staff were kept updated about people's changing emotional, health or care needs so they were able to appropriately respond. Staff had a handover meeting when they came on shift that informed them of any changes since they were last on duty. Information was written down in a communication book and people's daily records, so each member of staff could review the information when they started their shift.

A staff member told us how important shift handover and communication was, they commented, "It's an opportunity to improve support we give to people. For example I can share with other staff if I have found a useful way to manage a new behaviour a person is displaying. Other staff may not have encountered that before." Another staff member commented, "We work as a team and share and solve issues together."

Relatives told us they knew how to make a complaint and were satisfied that concerns raised were dealt with efficiently by the service manager. They told us, "I am confident that any concerns will be acted on by [service manager] or staff." Another told us, "I know how to make a formal complaint, I have the necessary paperwork." Another commented, "If I have a complaint [service manager] or the team leader deal with it straight away." We saw in a team meeting staff had been reminded to record any complaints. The service manager told this these meetings were used as an opportunity to learn and share information about any concerns or complaints raised.

Although informal concerns were managed effectively the service manager was not recording these. The registered manager told us they would start to do this to evidence that all complaints were being addressed and audited.

Good

Is the service well-led?

Our findings

Relatives we spoke with, were happy with the care and support their family member, received. A relative told us, "Generally my relative is well cared for, the service is becoming more professional now and I am happy with things." Another told us, "The service manager is very good, a very approachable person, there have been changes in the past when the current provider took over, but it didn't affect the care my relation received. That's very good."

The registered manager understood their responsibilities and the requirements of their registration. For example they had submitted statutory notifications and completed the Provider Information Return (PIR) both of which are required by Regulations. We found the information in the PIR was an accurate assessment of how the service operated.

There was a clear management structure to support staff. The registered manager was part of an experienced management team which included a service manager and three team leaders. The registered manager told us they were supported by the provider to carry out their role, "My manager is brilliant, she is very accessible for me." They went on to tell us that the provider was introducing a leadership and competency assessment for managers to recognise and reward good practice.
Relatives told us they felt the service was well led. Comments made were, "[Service manager] is very good, and she takes things on board." And, "I once had to make a complaint and the service manager responded well. It's a good service."

Staff told us the registered manager and service manager were always available and they could raise any concerns they had. One staff member told us, "[Service manager] is always available if I have any questions; she always makes time to speak to me. If you have problems she acts straight away." Another staff member who was new to the service told us, "The managers are very helpful. You are made to feel welcomed and supported to do your job."

All the staff we spoke with understood their roles and responsibilities and what was expected of them. There were procedures for staff to share their views and opinions of the service. One staff member told us, "The managers support us, you can discuss anything with them and they listen to our views because we are the ones who support and care for people." Staff told us they enjoyed working at the service, one staff member told us, "This is really rewarding, the job is so enjoyable." The service manager told us, "I want to do something to make a positive difference to people's lives." All staff said they felt there was good communication and team work. One staff member told us, "We work as a team, all the staff are really good, they support me and the managers are helpful and understanding." Staff knew about the provider's whistle blowing procedure and told us they would feel confident reporting concerns or poor practice to the managers.

There was a system of internal audits and checks completed to ensure the safety and quality of the service was maintained. These included routine audits in medicines management and checks on daily records. The

managers regularly reviewed the service to identify and implement improvements. For example accidents and incidents were monitored to identify any trends or patterns so that measures could be put in place to reduce any further incidence.

The service manager told us they carried out random spot checks to ensure weekly medicine audits were being carried out by the team leaders and they also attended activity sessions to observe how people were being supported. In addition they would work alongside staff on shifts as supernumerary (extra to staff on the rota) to observe staff practice.

The provider obtained the views of relatives and people using the service about the service provided. This included an annual questionnaire. The results were sent to the provider's head office where the information was analysed. The results of changes made in response to any concerns identified were sent out to people. We saw the results of the most recent questionnaires that had just been received back. Comments were overall positive and included feedback such as, "The service tries hard to keep the same carers for my relative, this suits his needs." And, "The team is consistent and reliable. New people are well supported when first working with my relative; the team know how to manage his behaviours appropriately. Thank you for all your excellent care."

The PIR stated, "The Service Manager completes a Monthly Workbook which is submitted and I review and analyse all the information provided within this to ensure all required information is evaluated and actions are addressed. I then develop an Area Manager workbook which is submitted to my line manager (Regional Director) and this forms part of a wider monitoring process within the organisation." We saw evidence of this being carried out.