

iMap Centre Limited

Beeston Drive

Inspection report

33 Beeston Drive
Winsford
Cheshire
CW7 1ER

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Good 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

The inspection was unannounced and took place on the 4 February 2016.

Beeston Drive is a service that provides support to people who have complex physical health needs and learning disabilities and is able to accommodate up to three people. People have access to an enclosed garden area which has areas where people can sit.

The service does not have a registered manager. 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. A manager has been appointed and they are in the process of registering with us.

There was a feedback process in place for people who used the service, however the registered provider had not made use of this. Feedback from relatives had been sought, however the registered provider's response to feedback was not always consistent. We saw that comments and complaints records were not kept up to date in line with the complaints policy. We have made a recommendation around the management of complaints and concerns.

People's relatives told us that they felt the service was safe. Staff had received training around safeguarding people and they were aware of how to report any concerns they may have. There were sufficient numbers of staff in place and recruitment processes were robust enough to ensure people's safety.

The registered provider had made attempts to engage staff to determine what changes could be made to improve on staff retention. New staff had been recruited as key workers to help ensure the consistency of the care provided.

Medication records were in place and being kept up-to-date and they showed that people were supported to take their medication as prescribed.

Staff had undertaken training around the deprivation of liberty safeguards (DoLS) and had a good understanding around how to incorporate the basic principles of the Mental Capacity Act 2005 into their day-to-day practice. DoLS were in place for people who needed them which meant that people's liberties were being protected.

Staff treated people with dignity and respect, and people's privacy was maintained, for example, during personal care interventions frosted glass was used in people's bedrooms and the bathroom in situations where curtains were not appropriate. Information around people's care needs was stored in a secure office which ensured that people's confidentiality was being maintained.

People were supported to engage in activities, such as going for walk in the morning, swimming or watching their favourite television programs. Staff had a good understanding around people's care needs and demonstrated knowledge of their strengths.

Care records were personalised and accessible to the relevant staff members. This enabled staff to understand people's likes and dislikes, and ensured that people could be supported in-line with their individual needs. Care records also contained information around people's communication needs. This provided information that would enable staff to communicate effectively with people.

People were supported to access support from external health and social care professionals when required. This helped ensure that people remained healthy.

Quality assurance systems were in place to monitor the quality of some aspects of the service, and there was an effective disciplinary policy in place which had been used appropriately.

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 training in safeguarding and knew how to report any concerns.

Recruitment processes were robust which helped ensure that people remained safe from harm.

Processes were in place to ensure that people received their medication in a timely and safe manner.

Is the service effective?

Good ●

The service was effective.

Staff had received training in the Mental Capacity Act 2005 and the associated DoLS.

There was an induction in place for new staff which helped ensure that they gained the necessary skills to carry out their role.

Is the service caring?

Good ●

The service was caring.

People were supported in a way which maintained their dignity.

People's personal information was stored safely which ensured that confidentiality was maintained.

People were supported to access advocacy services as appropriate which ensured that decisions were made in their best interests.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

People had not been supported to give feedback on the service, and the registered provider was not always consistent in how

they managed concerns raised by relatives.

People were supported to engage in activities, and care records contained personalised information around how staff should support people.

Is the service well-led?

The service was not always well-led.

The service had not had a registered manager in post since August 2015. To improve the rating to 'Good' would require a longer term track record of consistent good practice.

There were quality assurance systems in place to monitor quality in some areas of the service.

Staff interactions with people were positive and in-line with the ethos of the service.

Requires Improvement ●

Beeston Drive

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 was unannounced and took place on the 4 February 2016. The inspection was carried out by an adult social care inspector. Prior to the inspection we reviewed information made available to us by the local authority, and looked at notifications sent to us by the registered provider.

During the inspection we carried out a short observational framework for inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also reviewed the care records for three people, and spoke with people's relatives. We looked at records around the management of the service and made observations on the fabric of the building. We spoke with eight members of staff including the manager.

Is the service safe?

Our findings

People were relaxed and appeared content when being supported by staff. This indicated that people felt safe. People's relatives commented that they felt people were safe within the service.

Staff had completed safeguarding training and had a good understanding of the different kinds of abuse that could occur. They recognised the different signs that would indicate abuse had taken place. Comments made by staff included, "Different kinds of abuse could include, physical, sexual or emotional", "People's character might change, or they might react to staff differently" and "People might become reclusive during personal care interventions, or wince when you try to support them". Staff were aware of how to report their concerns, their comments included, "I would go to management. If they weren't available I would go to social services" and "I'd go to my line manager, the safeguarding leads in the organisation or the local authority". This meant that staff had appropriate the knowledge to protect people from the risk of abuse.

Some people required support and monitoring from two members of staff at all times. We checked staff rotas to ensure that there were sufficient numbers of staff in place, and found that there were. This meant that people were receiving the correct amount of support they needed to maintain their safety.

We looked at the recruitment files for two new members of staff and saw that they each contained two references and an up-to-date check from the disclosure and barring service (DBS). A DBS check ensures that staff are safe to work with vulnerable people. This indicated that the recruitment processes were robust enough to ensure that people's safety was maintained.

A record of accidents and incidents was kept, which contained detailed information about incidents that had occurred. The registered provider had used this information to make the service safer, for example, records indicated that some people were at risk of displaying episodes of challenging behaviour which placed themselves, and others at risk. In response to this, televisions were contained within a protective casing, and sharp objects such as knives were locked away in a secure cupboard. Risk assessments were also in place within people's care records to support staff with managing risks.

There was also an up-to-date restraint policy in place, and people's care records contained information on when this should be used. This helped ensure that people were protected from the risk of harm.

The registered provider carried out checks to ensure that the environment was safe, for example there was an up-to-date Legionella certificate in place, and water temperatures had been monitored on a weekly basis. Staff had also received training in infection control, and the environment was clean. We also observed that there were covers in place over radiators, which prevented people from burning themselves. This ensured that the environment was safe for people.

People each had a personal emergency evacuation plan (PEEPs) in place, which outlined how staff should support them in the event of an emergency. This helped ensure that people received the support needed to maintain their safety.

Medication was stored in a locked cabinet in a secure room. Staff used a medication administration record (MAR) to document when medication had been administered, and the remaining quantity. We reviewed the medication records for two people who used the service and found these to be accurate and up-to-date. We also checked to see whether the quantity of medication in stock tallied with the amount documented on the MAR, and found that it did. Staff had undertaken training in medication administration and there were policies and procedures in place which were being followed. This showed that people were being supported to take their medication as required.

Is the service effective?

Our findings

Staff engaged with people and offered them choices, for example at meal times staff asked people what their preferences were using appropriate gestures and signs. Staff presented as skilled and competent and demonstrated an understanding of people's needs.

The environment was suitable for the purposes for which it was intended, however we observed that some areas required refurbishment. For example there was no lid to the cistern in the downstairs toilet, and some cupboards in the kitchen had been damaged and needed replacing. The manager provided us with records that evidenced plans were in place to have the kitchen and other areas of the building refurbished. People's relatives and their social workers had been consulted around the proposed changes. This demonstrated that the registered was working to ensure that the environment remained suitable to meet people's needs.

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 are called the Deprivation of Liberty Safeguards (DoLS).

We found that the service was working within the principles of the MCA, and that conditions on authorisations to deprive a person of their liberty were being met.

DoLS were in place for those people who needed them. Records contained evidence that best interests meetings had been held with other professionals to ensure that decisions made on people's behalf were in line with the principles of the MCA. For example, a meeting involving a dentist and a social worker had been held to discuss one person having a dental check-up. This was because of the person needed support with attending the dentist and was unable to make their own decisions about the support they needed. This helped ensure that the care people received was in their best interests.

Staff had completed training in the MCA and they had a good understanding of the basic principles of the act and the associated DoLS. Staff were able to give examples around how they would ensure the principles of the act were embedded in their day-to-day work, their comments included, "We always make sure we take the least restrictive approach possible. You have to let people do the things they are able to themselves". This meant that staff had sufficient knowledge to ensure that people's rights were protected.

Records showed that staff had undertaken training that was necessary for them to carry out their roles effectively. Staff had completed training in a number of areas which included autism awareness, infection control and manual handling. The manager evidenced that further training had been arranged for staff

around autism and communication methods.

There was an induction in place for new members of staff, which consisted of time spent training in the class room and a period of time spent shadowing experienced staff. New staff were required to complete the care certificate as part of their induction, which is a set of minimum standards that have to be met by care staff. This meant that new staff were supported to receive the training they needed to care for people effectively.

Staff told us that they received supervision on a regular basis and records confirmed this. Supervision enabled the manager and staff to identify areas of development and improvement, and also allowed a formal setting to discuss any issues. This helped identify areas where improvement was needed.

The registered provider had a restraint policy in place. Information around where it would be appropriate to use physical interventions was contained within care records, which stated, "least restrictive options should be used before implementing any physical interventions". Care records outlined the different behaviours that people may display, which may trigger the use of physical intervention or less restrictive alternative. This meant that clear information was available to staff on how to manage challenging behaviours effectively.

Care records contained detailed information about how staff should meet and anticipate people's health needs, and how they should respond in the event of an emergency. One person's care records outlined the signs and symptoms associated with a health condition, that would indicate to staff that the person required medical attention. People had been supported to access health professionals, for example their dentist and GP. This meant that people were supported to maintain their health.

Staff supported people with food and drink preparation. Care records indicated that staff needed to anticipate people's likes and dislikes, however we also observed examples where staff would use visual cues to offer choice to people, for example staff offered a choice of different cereals during breakfast time and a choice of baked potato fillings during lunch time. People did not have any special dietary requirements, however staff told us that they were conscious of ensuring people received a balanced diet. This meant that people were protected from the risk of malnutrition and dehydration.

Is the service caring?

Our findings

Staff treated people with dignity and respect during interactions, for example some people were under constant supervision to ensure their safety was maintained. Staff carried out these observations in a manner that enabled people to have their own space whilst also being close enough to respond quickly to people's needs. Staff were warm in their approach towards people, and spoke positively about them. One member of staff commented that they enjoyed their supportive role, and liked seeing people when they were happy and joyful. We spoke with relatives who spoke positively about staff and their approach towards people.

People presented as happy and comfortable within the service. We observed people laughing, and engaging in activities which they were enjoying. We saw staff sitting with people and engaging with them, for example a member of staff was playing board games with one person, whilst another was sat in the lounge area watching television with two other members of staff. We also observed one person sat eating breakfast and happily engaging with two other members of staff.

Staff told us that they respected people's privacy during personal care interventions, their comments included, "I always make sure the door is closed, and that other people do not come in when I'm helping someone" and "I don't talk about people's personal details outside of a work setting". One person did not like having curtains in their room so to ensure their privacy and dignity frosted glass had been installed.

Records containing personal information were kept in a secure office. This demonstrated that people's dignity and confidentiality was being maintained.

People who used the service were not able to communicate their needs and wishes verbally. However staff communicated with people using methods appropriate to people's needs, such as the use of signs and gestures. Signs were used in the bathrooms to assist staff to communicate with people about things such as having a wash or using a towel to get dry. Staff told us that they used these as prompts as a means of explaining to people how they were going to support them. This helped staff to communicate with people in a way that they understood.

People each had their own room which had been personalised with photographs of family and other items of interest. Staff told us that they supported people with keeping their rooms and other parts of the service clean and tidy. This ensured that people were encouraged and involved in the up keep of their home.

People were supported to maintain relationships with their relatives. One person had recently spent the weekend with their family. Family members had written to the service expressing how much they had enjoyed the time they had spent together. Relatives told us that they were made to feel welcome when they visited the service

We saw an example where one person had been supported to access advocacy services to make decisions around their care and support needs. Advocacy is an independent process that ensures people have had the opportunity to express their views and opinions. This helped ensure that people's voices were heard and

that they were receiving support that was in their best interests.

Is the service responsive?

Our findings

We observed examples where care was person-centred, for example one person was supported to go to go for a walk in the morning as part of their daily routine. We also observed staff talking knowledgeably about people's strengths and their likes and dislikes, for example one member of staff commented, "[Relative] is much more likely to make achievements during the evening."

People had not been supported to express their concerns, or give feedback. There was an easy read comments and complaints form in place that was appropriate for people using the service, however the manager informed us that this had not been used and that this was something that they were looking to implement.

People's relatives told us that they knew how to make a complaint and who to complain to. Relatives had submitted written feedback to the registered provider as part of a survey which included concerns around the quality and consistency of communication between the registered provider and themselves. The manager informed us that a system of weekly updates had been introduced in response to this, however an example was given to us which demonstrated that this was not always effective. This meant that registered provider was not always consistent in their approach to concerns.

The comments and complaints record did not contain any information around concerns that had been raised by people's relatives. The manager informed us that this was because these concerns had been informal, however the registered provider's complaints policy states that a written record of concerns will be maintained around concerns raised by people, the next of kin and interested others.

People were offered a choice of activities. There was an activities planner in place which outlined the activities scheduled for the week ahead. This included trips out to an ice cream farm, swimming and baking. There was documentation in place to evidence that one person was being offered activities on a regular basis. Staff commented that they did not previously feel people were receiving enough activities, however informed us that they felt this was improving, and gave an example where one person had recently been supported to go swimming. One staff member commented, "Sometimes we have plans to go out, but this can vary depending on what people want to do".

People each had their own care records which contained personalised information that outlined how staff should support them. For example one person liked to be supported using the same routine each day. This person's care record outlined their daily routine which included ensuring that the bath was dry and clean after use, and prompted staff to support with this. We spoke with care staff who demonstrated a good understanding of people's needs and spoke about the importance of maintaining a familiar routine for people, their comments included, "We try and support with a routine. People become upset if they aren't supported with this, which impacts on the rest of the day", "It's really important that they have a routine. We've seen how it can impact on people if they aren't supported in a certain way". This showed that staff had the necessary knowledge to be responsive to people's needs.

Care records also contained information about people's likes and dislikes, for example one person's care records stated, "[name] enjoys watching rugby, football and talent shows", whilst another stated, "[name] enjoys a wide range of food, but particularly likes spicy food and sauces". One person was watching their favourite television programme, which corresponded to information provided within care records. This helped ensure that people received support that met their needs.

Information was available around people's communication needs. One person's care records stated "I am non-verbal, but I do use particular shouts or vocalisations to gain attention or refuse things", whilst another provided information around the use of "traffic light signals", whereby red and green were used to signify the start and end of an activity. Staff made use of people's preferred methods of communication. The manager was also able to produce evidence to demonstrate that additional training for some staff was being introduced around communication methods.

Care records were reviewed on a monthly basis, and were updated to reflect any changes in need. This helped ensure that information was up-to-date and accurate.

We recommend that the Registered Provider service seek advice and guidance from a reputable source, about the management of and learning from complaints and concerns.

Is the service well-led?

Our findings

The service did not have a registered manager in post, as the previous registered manager had left in August 2015. The current manager was in the process of applying to become registered with the CQC.

There was an easy read comments and complaints form in place for people using the service, however the manager told us that people had not been supported to use this. We also found that the complaints record was not kept up-to-date in line with the registered provider's complaints policy. This impacted upon the registered provider's ability to use information to make improvements. We have made a recommendation around these issues under the 'responsive' domain.

Staffing records indicated that over the past 12 months seven members of staff had left the service, which equated to over fifty percent of the work force. Efforts had been made by the registered provider to recruit additional staff and to seek feedback from staff to ascertain how the service could be improved. For example staff meetings were routinely held, during which staff had the opportunity to voice any concerns without management being present in an effort to encourage them to speak more freely. The registered provider had supported some members of staff to become key workers to help develop their skills and to improve the consistency of the care that was being provided to people. Staff members who had left the service had also been asked to complete a questionnaire on their views of the service.

There were a variety of systems in place to assess the quality of the service, for example peer audits were completed by managers from other services owned by the registered provider, and quality audits were completed by the registered provider. These audits focussed on areas such as care records, the environment and medication, and took place on a daily, weekly and monthly basis. We saw examples where areas of improvement had been identified within care records, and changes had been implemented accordingly.

The manager provided us with a copy of the service user guide which showed that Information for people using the service had recently been updated to include an easy read format, which ensured that information was accessible for people using the service. The manager also informed us that there were plans in place to introduce a forum where people would be able to give feedback on the service, and enable them to participate its development.

Staff interactions with people were positive and we saw that they were in line with the ethos of the service, which aimed to promote people's dignity and independence. We spoke with relatives who spoke positively about the interactions between people and staff. Additional training was in the process of being made available to staff, to support with improving staff skills and knowledge.

Staff were aware of the management structure within the service and their lines of accountability.

There was a disciplinary procedure in place, and we were given an example where this had been used appropriately by the registered provider to resolve a situation that had arisen. This helped maintain standards within the service.

The registered provider had made sent statutory notifications to us in line with legislation, and the newly appointed manager demonstrated an awareness of those incidents and events that they were required to notify the CQC about, in line with the law.