

Modus Care Limited

Warwick House

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

Warwick House is registered to provide accommodation and personal care for up to seven people with learning disabilities and mental health issues. The home is a large detached house situated on the edge of Paignton Town. People living at the service regularly accessed the town centre facilities including, pubs, shops and cafes.

This inspection took place on 23 July 2015. At the time of the inspection there were three people living at the service. We spoke with two people, the third person was

out with staff during most of the inspection and declined to speak with us when they returned. Everyone had a high level of care needs and received one to one care from a member of staff throughout the day.

The service was last inspected on 27 November 2013 when we found people's care records were not being appropriately maintained. At this inspection in July 2015 we found that some improvements had been made. People's main care and support plans were large documents in which information was difficult to find.

Summary of findings

People also had a 'Quick support plan' that had been completed with the person and highlighted important aspects of their care so staff could find relevant information quickly.

Care plans were personalised to each individual and contained information to assist staff to provide care in a manner that respected their wishes. One person's physical health had declined and their care plan had been amended accordingly and in line with the advice of visiting professionals.

Staff were knowledgeable about people's daily care needs and told us about each person's daily routine. People told us staff knew how they liked their needs to be met and always asked them what they wanted. We heard staff asking people if they were alright and if there was anything they needed.

People received effective care and support from staff with the skills and knowledge to meet their needs. There was a comprehensive staff training programme in place, a matrix indicated when updates were needed. Training included medicines administration, first aid, food hygiene, safeguarding people and infection control. Training also including topics specific to the needs of people who lived at the service, including mental health, autism and positive behaviour management. The training gave staff the skills to deal with any behaviours that may present challenges to the person or others around them.

There was an effective system in place to ensure staff were putting their learning into action and remained competent to do their job. Staff received regular supervision. The registered manager used this as an opportunity to check staff understood their role, had learned from training and were familiar with any changes to people's needs.

People had one member of staff to support them during the waking day. On the day of our visit two people were out in the community each being supported by a member of staff. The registered manager told us that the designated staff member would be changed throughout the day so that there was some variety for the person. People were supported to take part in a range of activities according to their interests. One person told us about how staff had supported them to visit a local music festival and showed us photographs of the event.

The home operated a key worker system where each person had a nominated member of staff who coordinates their care. People had weekly meetings with their worker during which they discussed aspects of their care and expressed their views. We observed positive relationships between staff and the two people we met at the service.

People's privacy and dignity was respected. People were able to spend time in their rooms alone. Staff told us they enabled people to have privacy in their rooms whilst keeping close in case they were needed. Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way. Care records were written in a respectful and appropriate language.

Relatives told us they visited regularly and that staff also supported people to visit them on a regular basis.

Staff were responsible for cooking and cleaning duties. The registered manager told us and rotas confirmed there was often an extra staff member at the home to help with these duties. The registered manager told us that people often helped staff prepare meals and if there was not enough time for staff to cook, then a take-away meal would be brought in.

People told us they felt safe at the home. One person said they felt "very safe". Throughout the day people approached staff in a comfortable manner, smiling and laughing. This indicated they felt safe in the company of staff.

Since our last inspection concerns had been raised about the conduct of a member of staff. The concerns had been investigated by the local safeguarding team and the registered provider and measures put in place to protect people.

People were protected from avoidable harm because the service had policies and procedures in place which staff were aware of and followed. Staff were confident they would be able to recognise any signs that abuse was occurring and would know how and where to report any suspicions they may have. The registered provider had robust recruitment procedures in place to minimise the risk of unsuitable staff being employed at the service. Staff files contained evidence that references and criminal record checks had been obtained.

Summary of findings

People's risk assessments contained good details on how risks were to be minimised and managed. However, one person had been assessed as being at risk of choking and there was conflicting information on their care plan with regard to the type of food they should receive. However, staff were well aware of the type of food the person should have. Other risks that had been assessed included financial exploitation and self-harm. There were clear directions to staff on how to manage these risks.

People's medicines were managed well and were stored safely and appropriately. There were clear instructions for staff regarding administration of medicines where there were particular prescribing instructions. For example, when medicines needed to be administered at specific times. Information was available about each medicine and their possible side effects.

All accidents and incidents were recorded and the information sent to the registered provider's head office. The information was then collated and analysed to look for any trends. No trends had been identified recently. People were protected because there were arrangements in place to deal with emergencies.

Some people did not have the mental capacity to make some decisions. Staff understood people's rights under the Mental Capacity Act 2005 (MCA) and in relation to depriving people of their liberty. When people were assessed as not having the capacity to make a decision, a best interest decision was made involving people who knew the person well and other professionals, where relevant.

People were supported to maintain good health from a number of visiting healthcare professionals. Records confirmed people received regular visits from GPs,

dentists, physiotherapists and speech and language therapists. People had yearly health checks from the NHS. People were supported to receive a healthy balanced diet whilst enabling them to make choices for themselves.

Some areas of the home had been decorated in late 2014. However, the hallway was rather shabby and in need of re-decoration. Some corridors were dark and needed better lighting. There was a large garden to the rear of the property which was accessed through a side door and down steps. However, one person had limited mobility and had difficulty accessing the garden independently. The registered manager was to raise these issues with the registered provider.

There was a system in place to enable people to raise concerns. A complaints procedure was displayed in the hallway. People were able to raise concerns at their weekly key worker meetings and the group meetings for all people living at the service. Staff, relatives and visiting professionals described the registered manager as very open and approachable. They told us that things had improved at the service since the registered manager had worked there.

There were effective quality assurance systems in place to monitor care and plan on-going improvements. There were audits and checks in place to monitor safety and quality of care. Where improvements were needed action had been taken to improve matters. A series of in-house audits were undertaken weekly, including fire alarm checks, water temperatures and housekeeping issues such as checking if bedding had been changed. The registered provider had carried out a self-audit of the service using the Care Quality Commission's (CQC) guidance for providers on meeting the new Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. They had identified any shortfalls and put plans in place to address them.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People were protected from the risks associated with medicines.

Risks to individuals were identified and steps were put in place to minimise these risks.

There were sufficient numbers of staff to support people and meet their needs.

Good



Is the service effective?

Aspects of the service were not effective.

The building did not effectively meet the needs of people living there.

People received care from staff that were appropriately trained and supported.

People's consent to care and treatment was sought in line with legislation and guidance.

People were supported to eat and drink enough to maintain a balanced diet.

Requires improvement



Is the service caring?

The service was caring.

People were cared for by staff that treated them with respect and dignity.

People were cared for by staff who knew them and how to meet their needs well.

People were involved in all aspects of their care.

Good



Is the service responsive?

The service was responsive.

People's care plans were comprehensive and reviewed regularly.

People received care and support that was responsive to their needs.

Visitors told us they could visit at any time and were always made welcome.

Good



Is the service well-led?

The service was well-led.

There was an effective system in place to regularly monitor and improve the quality of care provided.

The registered manager was open and approachable.

Records were well maintained.

Good



Warwick House

Detailed findings

Background to this inspection

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

This inspection took place on 23 July 2015 and was unannounced.

One Adult Social care (ASC) inspector conducted the inspection.

Before the inspection we gathered and reviewed information we held about the registered provider. This included information from previous inspections and notifications (about events and incidents in the home) sent to us by the registered provider.

During the inspection we spoke with two people using the service. We also spoke with two support staff, the registered manager and the registered provider's group manager. Following the inspection we spoke with all three people's relatives and two health care professionals. We also contacted the local authority who had commissioned some placements for people living at the home.

We observed the interaction between staff and people living at the home and reviewed a number of records. The records we looked at included all three people's care records, the provider's quality assurance system, accident and incident reports, three staff files, records relating to medicine administration and staffing rotas.

Is the service safe?

Our findings

People living at Warwick House had a learning disability. They were supported by staff to be as independent as possible whilst providing a safe environment for them to live in.

People's risks were assessed and plans put in place to minimise and manage any identified risks. However, one person had been assessed as being at risk of choking and there was conflicting information on their care plan with regard to the type of food they should receive. Staff were well aware of the type of food the person should have in order to minimise the risk of choking. Other risks that had been assessed included financial exploitation and self-harm. There were clear directions to staff on how to manage these risks while respecting people's choice.

People were protected from avoidable harm and abuse because the service had policies and procedures in place which staff were aware of and followed. Staff were confident they would be able to recognise any signs that abuse was occurring and would know how and where to report any suspicions they may have. The registered provider had robust recruitment procedures in place to minimise the risk of unsuitable staff being employed at the service. Staff files contained evidence that references and criminal record checks had been obtained.

People told us they felt safe at the home. One person said they felt "very safe". Throughout the day people approached staff in a comfortable manner, smiling and laughing. This indicated they felt safe in the company of staff.

Since our last inspection concerns had been raised about the conduct of a member of staff. The concerns were investigated by the local safeguarding team and the registered provider. Immediate and appropriate action was taken and measures put in place to protect people for the future.

There had been five medicine errors over the last year. These had been identified quickly and appropriate action taken. For example, an investigation had been launched into why one dose of a person's medicine had not been administered. The GP had been contacted and appropriate action taken with regard to the staff member who had not administered the dose. Since that time people had received their medicines safely and on time. Medicines

were stored in a locked cupboard in a locked room. Medication Administration Record (MAR) sheets showed that medicines had been signed in, dated and amounts received recorded appropriately. Medicines no longer in use had been returned to the pharmacy appropriately. The MAR sheet had been signed after each dose of medicine had been given. There were clear instructions for staff regarding administration of medicines where there were particular prescribing instructions. For example, when medicines needed to be administered at specific times.

Where medicine had been prescribed to be administered 'when required' there were clear guidelines as to when the medicines should be administered. This minimised the risk that such medicines would be administered at different times by different staff. Each time medicine had been administered on a 'when required' basis, staff completed a form detailing the circumstances under which the medicine had been given. This was then reviewed by the registered manager to ensure the medicine had been administered appropriately.

Each person living at the home had been assessed as needing support from one member of staff throughout the waking day. On the day of our visit two people were out in the community each being supported by a member of staff. The registered manager told us that when people were at the home the staff member supporting them would be changed throughout the day so that there was some variety for the person. They also said that as it was important to respect people's need for privacy, staff would discreetly check on people if they wanted time in their room. People's night time care needs were low and one staff member was on call while sleeping at the home. Staff were also responsible for cooking and cleaning duties. The registered manager told us and rotas confirmed there was often an extra staff member at the home to help with these duties. The registered manager told us that people often helped staff prepare meals and if there was not enough time for staff to cook, then a take-away meal would be brought in.

All accidents and incidents were recorded and the information sent to the registered provider's head office. The information was then collated and analysed to look for any trends. If any trends were identified the registered manager was notified and measures put in place to minimise the risk of further occurrences. No trends had been identified recently.

Is the service safe?

People were protected because there were arrangements in place to deal with emergencies. There was a contingency

plan for the service that detailed how staff should safely evacuate people from the building day and night and where they should go for shelter. Staff were trained in first aid so that such help could be given if needed.

Is the service effective?

Our findings

The home had been adapted to enable seven people to live there. Three people lived there at the time of the inspection. There was a large kitchen and comfortable shared dining and lounge facilities. Some areas of the home had been decorated in late 2014. However, the hallway was rather shabby and in need of re-decoration. Some corridors were dark and needed better lighting. There was a large garden to the rear of the property which was accessed through a side door and down steps. However, one person had limited mobility and had difficulty accessing the garden independently. Staff used a wheelchair to take the person around the building to enable them to use the garden. The registered manager was to raise these issues to the registered provider.

One person showed us their bedroom with great pride. Their room had been decorated to their choice and contained many personal items. One person was moving to another room and had chosen the colours they wanted the room decorated in.

People received effective care and support from staff with the skills and knowledge to meet their needs. There was a comprehensive staff training programme in place, a matrix indicated when updates were needed. Training was provided in a face-to-face environment or on-line for refresher courses. Training included medicines administration, first aid, food hygiene, safeguarding people and infection control. Training also including topics specific to the needs of people, including mental health, autism and positive behaviour management that gave staff the skills to deal with any behaviours that may present challenges to the person or others around them.

A healthcare professional told us they thought staff were skilled in meeting people's needs. They told us the person they visited had improved in confidence and independence though the support they received from staff. One person's relative told us how their relation had become much more patient and calm since living at Warwick House. They told us they had expected recent changes in staff to upset their relative but that with support they had coped very well. However, another person's relative told us they felt some staff were not as skilled as others and had to be reminded about some aspects of care. Their concerns related to some new members of staff and were non-specific, we passed this information on to the manager.

There was an effective system in place to ensure staff were putting their learning into action and remained competent to do their job. Staff received regular supervision. The registered manager used this as an opportunity to check staff understood their role, had learned from training and were familiar with any changes to people's needs. The registered manager also worked alongside staff on several shifts each week in order to ensure they were effectively meeting people's needs. Staff meetings were used to remind staff of any changes to people's care needs and to discuss any concerns staff may have.

Staff were knowledgeable about people's daily care needs and told us about each person's daily routine. People told us staff knew how they liked their needs to be met and always asked them what they wanted. We heard staff asking people if they were alright and if there was anything they needed.

We heard staff offering one person choices about food and where they wanted to spend their time. Another person we spoke with said staff always asked them what they wanted to do and if it was alright to help them. One staff member told us how important it was to ensure they found out what the person really wanted. They told us how careful they were not to put ideas into the head of one person, as they might then do things they thought staff wanted them to, and not what they really wanted themselves.

Some people did not have the mental capacity to make some decisions. Staff understood people's rights under the Mental Capacity Act 2005 (MCA) and in relation to depriving people of their liberty. When people were assessed as not having the capacity to make a decision, a best interest decision was made involving people who knew the person well and other professionals, where relevant. One person had been assessed as not having the capacity to make decisions in relation to personal care and medicines. The registered manager had contacted social care professionals with regard to holding a best interest meeting. Until a decision had been made staff had been instructed to offer care and medicines, but if the person refused they were to respect that.

The registered manager was aware of the recent changes to the interpretation of the Deprivation of Liberty Safeguards (DoLS), which is where an application can be made to lawfully deprive a person of their liberty in their best interest or for their safety, and where the person lacks capacity. One person had their liberty restricted and this

Is the service effective?

had been authorised by the local authority through the deprivation of liberty safeguard process. Staff acted in accordance with the details contained within the authorisation.

People were supported to receive a healthy balanced diet whilst enabling them to make choices for themselves. Individual weekly meetings were held to discuss the person's choice of menu for the next week. People told us they were happy with the food and sometimes helped to prepare it. During the inspection one person chose to have a curry for their evening meal. They went out with staff to purchase it and on return helped themselves to the quantity they wanted. One person had been assessed as requiring supervision at all mealtimes due to the risk of choking. Records indicated that this occurred.

People were supported to maintain good health from a number of visiting healthcare professionals. Records confirmed people received regular visits from GPs, dentists, physiotherapists and speech and language therapists. People had yearly health checks from the NHS. Forms had been completed by staff with the person prior to the check. The forms were in a pictorial format to help people understand them. However, one relative told us they were concerned that they had on occasion to remind staff to make GP appointments for their relative.

One person had a specific medical condition and advice had been sought from specialist healthcare professionals, as their condition had deteriorated. A new bed had been purchased to enable the person get in and out of bed more easily. Training was planned for staff to enable them to meet the person's increased needs.

Is the service caring?

Our findings

We observed positive relationships between staff and the two people we met at the service. There was much fun, laughter and appropriate banter between staff and the people they supported. People told us how kind and caring staff were to them and how they helped them with their lives.

Staff knew people well, what their needs were and how people liked their needs to be met. Staff told us that people were generally very independent and that their role was to support and encourage people to complete their personal care tasks themselves.

The home operated a key worker system where each person had a nominated member of staff who coordinated their care. People had weekly meetings with their key worker during which they discussed aspects of their care and expressed their views. Care plans documented that people had been involved in completing their plans and were happy with them. One person told us they spoke with staff regularly about their care plans.

People's privacy was respected. People were able to spend time in their rooms alone. Staff told us they enabled people

to have privacy in their rooms whilst keeping close in case they were needed. People's care plans gave instructions for staff on how to meet their personal care needs. One person's relative told us they had been concerned that staff of the same gender as the person had not been available during the morning when the person was showering. This had since been addressed and there was now always a member of staff of the same gender available to help the person.

People's dignity was upheld. People had been supported with their personal care. They looked clean and tidy and wore clothes that were age appropriate and what they liked to wear.

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way. Care records were written in a respectful and appropriate language.

Relatives told us they visited regularly and that staff also supported people to visit them on a regular basis. One relative told us staff supported the person to visit them for the weekend, sometimes travelling by train and other times by car.

Is the service responsive?

Our findings

At our visit in November 2013 we found improvements were needed to people's care records. At this inspection in July 2015 we found that improvements had been made. People's main care and support plans were large documents in which information was difficult to find. People also had a 'Quick support plan' that had been completed with the person and highlighted important aspects of their care so staff could find relevant information quickly. There was evidence on plans that people had been involved in completing and reviewing them.

Plans to meet people's personal care needs were well maintained and reviewed regularly. The plans contained comprehensive assessments of people's personal care needs. Social care needs were also well assessed and there were good details on the interests and hobbies. There were also good directions for staff on how to help people maintain good mental health and signs that may indicate the person's mental health may be deteriorating.

Care plans were personalised to each individual and contained information to assist staff to provide care in a manner that respected their wishes. Care plans contained information about people's likes and preferences as well as their needs. This made sure people received care in a way that respected their wishes and choices. For example, there was information on when and how the person liked to start and end their day.

People met with their key workers each week when any changes to their wishes were discussed and recorded. Staff were able to tell us about people's needs and how they ensured they were met. Staff told us how they were supporting one person to have more time alone to increase their confidence in the community. They told us they were now shadowing the person when they went out into the community rather than being with them all the time. Another person's care plan review indicated they wished to develop independence skills. We saw staff encouraged the person to help with their evening meal.

People were supported by staff on an individual basis. A member of staff was always there to spend time with the person supporting them with personal care or out on visits and activities. People were supported to take part in a range of activities according to their interests. Warwick House is situated close to local shops and leisure facilities

and people told us about places they regularly went to. One person told us about how staff had supported them to visit a local music festival and showed us the photographs of the event. There was a computer available and the person was using it to listen to music. They told us about clubs they attended where they were able to listen to music. They also told us about the poetry they liked to write.

Staff responded to changes in people's needs and care plans were updated in line with the changes. One person's physical health had declined and their care plan had been amended accordingly and in line with the advice of visiting professionals. The person now had a buzzer to summon sleep in staff at night should they need any support. One person had agreed to limit their shopping to one day a week, due to their tendency to hoard items and told us how staff supported and encouraged them with this.

One person had difficulty in turning over in bed and a visiting occupational therapist had suggested they have satin sheets to help them turn over more easily. Samples of sheets had been obtained and staff were waiting for the person to choose which they wanted before ordering them.

One relative told us they had suggested getting a double bed for their relation and this had been obtained by the service. They went on to tell us how the service was the "best home he has ever been in". They said that the person's confidence had increased and how staff supported them to access the community and take part in activities they enjoyed.

Visiting health and social care professionals told us how the service contacted them regularly to request reviews of care plans and request support for individual concerns. For example, they had been contacted when one person had difficulty in swallowing tablets. Other types of medicines had been obtained to address the problem. Another professional told us they were always invited to attend care plan review meetings.

Regular meetings were held for people to discuss any issues they had. Minutes from a meeting in March 2015 showed people wanted new pictures in the hallway, and new pictures had been put up. A theme night had been suggested by one person and an American night had been arranged when everyone dressed up as cowboys. One person requested to go on holiday and this had been arranged.

Is the service responsive?

There was a system in place to enable people to raise concerns. A complaints procedure was displayed in the hallway. People were able to raise concerns at their weekly key worker meetings and the group meetings for all people living at the service. One relative told us they were unhappy that they had to keep raising issues with the service, as they felt the service should have already identified their

concerns. However, they said that each time they had raised matters they had been addressed. Another relative told us they had never had to make a complaint and were very happy with the care their relative received. They went on to say their relative had never complained to them and felt sure they would have, had there been concerns.

Is the service well-led?

Our findings

Warwick House had a strong culture of putting the person first whilst providing a safe and responsive service.

People told us how happy they were living at the service. One person and their relative told us how much more independent and confident they had become since the registered manager had worked there. There were strong positive relationships between the manager and the two people we spoke with who lived at the service. People laughed and joked with the registered manager and spoke of holidays and outings that were planned for the future. People also told us about events that had been organised in the past. The registered manager had ensured people were more involved in the running of the home, holding regular meetings to gain their views. People were also more involved in planning their care and had helped to complete their 'quick support plans'.

Staff, relatives and visiting professionals described the registered manager as very open and approachable. They told us that things had improved at the service since the registered manager had worked there. Staff told us they were able to make suggestions that were acted on and used to develop the service. For example, one staff member told us how when liquid medicines had arrived at the service the instructions for administration often got rubbed off. They had suggested that the instructions be covered in cello tape to prevent this happening. This suggestion had been adopted.

Staff told us they felt well supported by the registered manager. One staff member who had worked at the service for many years told us they wanted a career change. They said the registered manager was supporting them in this and had directed them to some training available through the provider that may help them. Staff also told us there was an open culture at the service and they could raise any issues with the registered manager and was confident they would deal with them. They said the registered manager was always available and often worked alongside them helping to support people on a day to day basis.

There were effective quality assurance systems in place to monitor care and plan on-going improvements. There were audits and checks in place to monitor safety and quality of

care. Where improvements were needed action had been taken to improve matters. For example, people's relatives had been asked to complete a questionnaire at the end of 2014 and their responses had been collated. The results showed a mixed response to the questions, with some relatives being very happy while others were less happy with the service. Where relatives had been less happy the registered manager had followed up on the issues raised. For example, the issue of mostly male carers had been addressed.

The registered provider had carried out a self-audit of the service using the Care Quality Commission's (CQC) guidance for providers on meeting the new Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. They had identified any shortfalls and put plans in place to address them. For example, it was identified that there was a lack of evidence to show people had been involved in completing their care plans and their views and preferences recorded. We saw that by 2 June 2015 each person had been involved in completing a 'My Views' document which contained the required information.

A series of in-house audits were undertaken weekly, including fire alarm checks, water temperatures and housekeeping issues such as checking if bedding had been changed.

The registered manager was keen to develop and improve the service. They told us that the biggest challenge facing the service at the moment was the fact they had three vacancies. They said that in the future they would be looking to move towards providing a more supported living type service rather than residential care. They told us they felt their biggest achievement was to help one person successfully move into this type of supported living service.

Records were well maintained and easily accessible. The registered manager told us they wanted to move to a 'paper less' office, to enable records to be more easily updated accessed as well as reducing the impact on the environment. We saw that some staff records and audits were maintained using a computer system.

The registered manager had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities.