

Innova House Health Care Limited

Elm

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

About the service:

Elm is registered to provide accommodation and personal care to three people who may have physical, sensory or mental disabilities. At the time of inspection, three people were using the service.

People's experience of using this service:

People continued to receive safe care. Staff understood safeguarding procedures to follow to report abuse and incidents of concern. Risk assessments were in place to manage risks to people, while also promoting their independence.

Staff recruitment procedures ensured that appropriate pre-employment checks were completed. Staffing numbers matched the level of people's assessed needs within the service during our inspection.

Staff training was provided to ensure they had the skills, knowledge and support needed to perform their roles. Specialist training was provided to make sure that people's needs were safely met and they were supported effectively.

Staff were well supported by the manager and management team. Staff we spoke with were positive about the senior staff and management in place, confirming staff had regular supervision meetings.

People's consent was gained before any care was provided. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff continued to treat people with kindness, dignity and respect and spent time getting to know them. Care plans reflected people's likes and dislikes and staff spoke with people in a friendly and respectful manner.

People were involved in the planning and development of their care plans and were able to contribute to the way they were supported. People and their family were involved in reviewing their support and making any necessary changes.

A process was in place which ensured people could raise any complaints or concerns. Concerns were acted upon promptly and lessons were learnt, following open communication.

The service continued to be well managed. The provider had systems in place to monitor the quality of the service. Actions were taken and improvements were made when required.

Rating at last inspection: Good (Report published 18 May 2016)

Why we inspected:

This was a planned inspection based on the rating at the last inspection. The service remained rated Good overall.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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
Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective
Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive
Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well led
Details are in our well led findings below.

Good ●

Elm

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) 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 Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of one inspector.

Service and service type:

Elm is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

What we did:

We reviewed the information we held about the service. This included information received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once a year to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with two people, and as some people using the service were not able to verbally communicate with us, we observed how staff interacted with them. After the inspection, we spoke with one relative of a person using the service. We also spoke with the registered manager, deputy manager, specialised provision lead and two members of support staff. We looked at two people's support records and associated records

and monitoring. We also looked at other records relating to the management of the service including staff recruitment, quality assurance, and incidents.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes

- People were supported safely. One person used their own way of communicating to confirm they felt safe. A relative of a person using the service told us, "No worries at all."
- Staff were trained in safeguarding and knew what to do and who to tell if they had concerns. They had no worries about speaking out to support people using the service.
- If safeguarding incidents occurred staff reported these to other agencies, as required, including the local authority and CQC. Investigation and appropriate actions were also undertaken.

Assessing risk, safety monitoring and management

- Risk assessments in place were reviewed regularly and had information about how to support people safely. This included assessments on social isolation, outings, risk of falls, and positive behaviour support plans.
- Staff we spoke with felt confident supporting people safely and in a way that promoted each person's independence.

Staffing levels

- There were sufficient staff on shift to keep people safe. Staff told us that staffing levels were good.
- The provider had safe recruitment procedures that ensured only suitable people were employed to work at the service.

Using medicines safely

- People continued to receive their medicines as prescribed. Medicines were stored securely, and medication administration records in use were accurate and regularly checked for any errors.
- A small amount of medicines had been securely stored in an area where the temperature was not checked. The registered manager immediately had the temperature checked and found this to be within storage guidelines. These medicines were then moved to the main storage cabinet. We later received details of subsequent actions taken and new audits that were immediately put into place.
- Where people were prescribed medicines to take 'as and when required' there were supporting details to guide staff on when to administer them safely and consistently. These were also signed by the doctor for confirmation.

Preventing and controlling infection

- The service was clean and tidy. Staff followed infection prevention and control procedures to protect people from infection. Staff were trained in infection control and followed the provider's policies and procedures.
- Learning lessons when things go wrong

- Incidents and accidents were reviewed to identify any learning which may help to prevent a these being repeated.
- Staff meetings and supervisions were used to feedback to staff about any areas of the service that may require improvement or change.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were fully assessed prior to them moving into the service, this ensured the service was appropriate for them. Information gathered about each person included the person's diagnosis, their medicines, how they communicated and their care needs. This ensured that people could receive the right care.
- People's needs, choices and wishes were obtained and assessed to make certain their care and support was planned effectively. One person confirmed that they thought staff did meet their wishes and always offered choices. A relative told "Yes, they [staff] do meet [name] needs." Staff gained knowledge about people's needs from the individual and from members of their family. This was to ensure the people's needs were fully understood.
- Staff had access to up to date policies and procedures based on current legislation and best practice standards. These were regularly reviewed and updated.

Staff skills, knowledge and experience

- People were supported by staff who received ongoing training. New staff completed an induction programme and their skills were assessed. This ensured they had understood their induction programme and that they had received training in areas relevant to their roles. This included the Care Certificate. The Care certificate covers the basic skills required to work in care.
- We observed that staff were confident and knowledgeable about the support people needed, particularly those with complex needs.

Supporting people to eat and drink enough with choice in a balanced diet

- People were supported to maintain a healthy and balanced diet.
- We observed lunch being prepared and saw that people were provided with choices and the support they required. Staff understood that people may choose to eat at different times and this was supported.
- People's dietary requirements and preferences were recorded in their care plans and staff were aware of people's likes and dislikes. We observed that staff regularly checked if people still wanted what they had chosen earlier, allowing for any changes in people's decisions.

Staff providing consistent, effective, timely care within and across organisations

- Care and support plans were personalised and were regularly reviewed and updated to ensure staff provided consistent and up to date care.
- Our observations were that staff responded quickly to people, and gave them the time they required.

Adapting service, design, decoration to meet people's needs

- The service was designed in a way that made it accessible for the people using it. Ceiling hoists were in place where required to ensure people could be moved safely and comfortably.

- □ People's rooms were personalised to their needs. Their room reflected their individual personality, hobbies and choices of such items as posters and photographs.

Supporting people to live healthier lives, access healthcare services and support

- □ People's healthcare needs were met. Staff were knowledgeable and spoke with confidence when discussing their experiences of supporting people with complex health needs.
- □ Staff understood the signs and symptoms of people's illness, and promptly obtained the support of medical professionals when required.

Ensuring consent to care and treatment in line with law and guidance

- □ 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found that these principles were being met.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People were well cared for. One person confirmed to us that they were supported and well treated. A relative of a person using the service said, "[Name] would certainly let us know if they were not treated well."
- One staff member told us "We know we work here, but we are working in their [people living at the service] own home here, we think of that."
- Our observations during inspection were that staff at all levels worked in a considerate and respectful way. All staff spoke in a respectful and warm manner to those receiving care and support.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views and make their own decisions. This was due to staff being aware of how each person expressed themselves and how to recognise individual feelings and moods.
- Staff kept track of things that were important to each person, such as key family dates and birthdays. Goals that people had decided on were also worked towards and monitored.
- Staff understood and encouraged the decisions that people made. to allow people to make choices.
- Staff knew people well enough to recognise the body language and actions of the person. This ensured people were fully supported, no matter what their daily mood was, and people were involved in activities and decisions in the way they chose and preferred.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and knocked on doors before entering.
- People were supported to maintain relationships with friends and family, this included spending time out socialising with them, and family members visiting the service.
- People's confidentiality and privacy was protected. Records were stored securely.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs.

Good: People's needs were met through good organisation and delivery.

Personalised care

- People's care plans were detailed and contained information about specific needs, personal preferences, chosen routines and how staff should best support them.
- Each person's care plan was regularly reviewed and updated to reflect their changing needs. One person confirmed that they had regular reviews of their care plans. A relative told us that they were invited and included in reviews.
- The care being provided was personalised and considered people's likes, dislikes and culture.
- People were encouraged to have new experiences. For example, one person who had previously stated they were not religious, was now being supported to attend a local church as they had developed an interest.
- People were supported to be as independent as they wished. The registered manager told us that one person had been supported through to independent living and renting their own home. This was achieved after the person had been diagnosed as not being able to achieve independence outside of a care setting.
- Activities were planned for people individually or together, whichever people chose to experience. This included visits to a disco, day services, other similar homes, for individual holidays and outings.
- Staff understood the importance of people's relationships with family members and encouraged positive relationships. For example, people were driven to meet with their relatives. One person who had limited verbal communication abilities, had been encouraged by staff to choose their preferred electronic games and gadgets. This ensured the person was mentally stimulated as much as possible.
- People also kept in touch via their computer. On line contact with family and friends was supported. One problem that arose regarding too much constant contact was addressed by staff. The discussions that were undertaken had enabled people to enjoy using their computer, while learning lessons about positive behaviours and accepted boundaries with online usage.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure which they followed. A relative said they would have confidence speaking out if they had any concerns. No recent complaints had been made at the time of inspection. All information, including the complaints procedure, for people using the service was in an appropriate format. Staff told us that they also discussed such procedures with each person to make certain they fully understood their rights and any procedures in place.

End of life care and support

- No current end of life care was being delivered. The registered manager was aware of what was required to support people with end of life care and care plans documented people's preferences and choices in this area, if the person wanted these to be known.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person centred care; supported learning and innovation; and promoted an open, fair culture.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on duty of candour responsibility

- The service continued to be well-led and there was an open, person-centred culture. A relative of a person using the service confirmed to us that they felt the service was well run and they felt able to speak with management and staff as they needed.
- The provider was aware of, and had systems in place, to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff were clear about their roles and responsibilities and there was a clearly defined management structure. Staff told us they did receive good support and feedback, and the management team were consistent in their approach. One staff member explained about an issue they had previously discussed with the registered manager. They said that had felt listened to and fully supported. Staff felt they could access and discuss any issues with the registered manager and the management team.
- 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 2008 and associated Regulations about how the service is run.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their families were included with developments relating to the running of the service. One relative told us, "The staff do keep me informed about what's going on."
- Questionnaires were regularly issued to get feedback from the relatives of people using the service. We saw that replies were evaluated and action taken where required and people were contacted for discussion if possible.
- Close working relationships with relatives and friends of people also helped to gather information and opinions that supported development of the service.

Continuous learning and improving care

- The registered manager had robust and detailed quality monitoring systems in place to continually review and improve the quality of the service provided. This included conducting spot checks at different

times, to ensure the quality of care remained high.

- Action plans were formulated and acted upon when necessary as a result of audits or from meetings with people and feedback gathered.

Working in partnership with others

- The service worked in partnership with outside agencies and had positive links within the community. One member of staff said, "[Name] is a regular at the local beauticians. They know us there, and in other places in this community."
- The staff team and management were open and honest, and worked with other health and social care professionals whenever required.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place that was followed. A relative said they would have no worries about voicing any concerns they may have. No recent complaints had been made at the time of inspection. All information that was provided, including the complaints procedure, was issued in an appropriate format when needed. Staff told us that they took time to explain and discuss procedures with each person individually, to make sure they fully understood their rights and procedures in place.