

Innovations Wiltshire Limited

Innovations Wiltshire Limited – 27 Stratton Road

Inspection report

27 Stratton Road
Pewsey
Wiltshire
SN9 5DY
Tel: 01672 562691
Website:

Date of inspection visit: 11 and 12 August 2015
Date of publication: 29/10/2015

Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

27 Stratton Road is a care home service, registered to provide personal care for up to 4 people who have a learning disability. The home, a semi-detached house situated in a quiet residential area, is part of Innovations Wiltshire Limited: a provider of several other care home services in the area. The staff who worked at 27 Stratton Road also worked across several of the provider's other

services. We were informed by some staff that there may be a gap of four weeks between their shifts at 27 Stratton Road. Other staff members said they worked more regularly at 27 Stratton Road.

The first day of the inspection was unannounced and took place over the 11 and 12 August 2015.

The service had a registered manager who was responsible for the day to day running of the home. A

Summary of findings

registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager said they neither worked at nor managed the service because the service was managed by a trainee manager.

We found that the service was not always well led; effective systems to monitor and improve the quality and safety of the service, and to evaluate and improve practice were not in place.

The service did not follow the requirements set out in the Mental Capacity Act 2005 (MCA) when people lacked the capacity to give consent to living and receiving care at the home.

The MCA sets out what must be done to make sure that the rights of people who may lack mental capacity to make decisions are protected in relation to consent or refusal of care or treatment. CQC is required by law to monitor the application of the MCA and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. This includes decisions about depriving people of their liberty so that they get the care and treatment they need where there is no less restrictive way of achieving this. DoLS require care home providers to submit applications to a 'Supervisory Body'; the appropriate local authority, for authority to do so.

We found that the service had not made necessary applications to the local authority for DoLS authorisations to protect people from being deprived of their liberty without lawful authority.

Most of the risks to people receiving care were assessed by the service, and for the great majority of the time all reasonable steps were taken to keep risks as low as possible. However, we noted there were some areas where all reasonable actions to reduce risks had not taken place. We found that people received the correct medication in a timely way, but that some aspects of medication management needed to be improved.

People said they felt safe living at the home. Staff were aware of their safeguarding responsibilities and showed positive attitude to this, and also to whistleblowing. We have made a recommendation in relation to making safeguarding alerts that can be found in the full version of the report.

The premises were safe, clean, homely and well maintained. The home had been redecorated recently and the service had plans to fit a new kitchen in September this year. Each person had their own room, decorated and furnished according to their choices, and the use of shared bathroom and toilet facilities. These included a level access wet room downstairs.

Checks of records indicated that reporting and recording of incidents and accidents took place.

There was a complaints procedure in place but the service could not provide us with a record of the concerns it had received. We have made a recommendation about the handling of concerns and complaints which can be found in the 'effective' section of the full version of the report.

Staff acted in a caring manner; we observed they treated people with warmth and humour; they spoke to people with respect, and asked before carrying out care. People who use the service were helped to make choices and decisions about how their care was provided. People told us that the staff were "good" and kind. One family member said, "To me, they are exceptional" another commented, "I trust [the provider] implicitly."

We observed that people were given choices and consulted about their care. Family informed us they felt confident to raise any issues or concerns because they were listened to.

Each person who uses the service had their own personalised care plan which promoted their individual choices and preferences. People were assisted to go out into the community to enjoy leisure time and also to attend health appointments.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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 not consistently safe.

Risk assessments were used by the staff. Sometimes the service did not take all reasonably practicable steps to reduce risks and some necessary risk assessments were not in place.

Staff were able to demonstrate good understanding and attitude towards the prevention of abuse .

Medicines were not always managed so that people could receive them safely.

The service maintained a clean, safe environment.

The service operated a safe system for recruitment and provided sufficient staff to meet people's needs.

Requires improvement



Is the service effective?

The service was not effective in some areas.

The service did not follow the requirements of the MCA when people lacked the capacity to give consent to care and accommodation.

Necessary applications for the authorisation lawfully to deprive people of their liberty had not been made.

People had access to food and drink throughout the day and were provided with support to eat and drink where necessary.

The premises had been adapted to people's needs.

Requires improvement



Is the service caring?

The service was caring.

Staff members had built caring relationships with people; their approach was warm and calm and put people's needs first.

Care was provided in a respectful manner which protected people's dignity and observed confidentiality.

People were encouraged to express their views and preferences.

Good



Is the service responsive?

The service was responsive.

The service sought and acted on feedback and comments from people and those who were important to them.

Care and support were provided in a person centred manner which promoted choice and reflected people's individual preferences.

Good



Summary of findings

The service had a system to act on complaints and comments but this was always not operated effectively.

People and their families participated in decision making about the care provided.

People were supported to have activities and interests and access to the community.

The service had effective systems in place to share information with other services.

Is the service well-led?

The service was not always well-led.

The service did not have effective quality assurance and information gathering systems in place so that learning and improvements could take place.

The registered manager did not manage the service.

The service had systems in place for keeping up to date with best practice.

Staff members said they felt sufficiently trained and the majority said they felt valued.

The service had made community links.

There was an open and inclusive culture in the home: staff, people who use the service and those important to them expressed confidence to raise any concerns.

Policies and procedures were in the process of being updated.

Requires improvement



Innovations Wiltshire Limited – 27 Stratton Road

Detailed findings

Background to this inspection

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

One inspector carried out this inspection which took place on 11 and 12 August 2015. The first day of the inspection was unannounced. Before the inspection we reviewed the information we held about the service.

Some people living in the home were able to tell us what they thought of the service. We observed the care provided to people who use the service to help us understand their experiences. We looked around the premises and observed care practices throughout the day.

We spoke with the registered manager, the trainee manager, the general manager, a provider, and the registered manager of another care home owned by the provider. In addition we spoke with seven members of the care staff. We also spoke with two people who use the service and two relatives.

We reviewed four care plans and their associated risk assessments and records. We analysed three staff recruitment files plus training, supervision and appraisal records. We checked documents including audits, and menus. We read some of the records made when one shift of staff ‘handed over’ to the following shift plus the staff communication book, and the daily records made by staff.

We also checked cleaning schedules, surveys, policies and procedures, medication records, activities recording, and staff rotas. We also reviewed incident and accident records and safeguarding referrals.

Is the service safe?

Our findings

Care staff said they thought people were cared for safely and people told us they felt safe. People, their relatives and staff said they felt confident to report any concerns or risks and that these would be acted upon. The service had contingency and fire plans in place however a personal evacuation plan was not in place for one person who may find it difficult to leave the house in an emergency. The general manager said this would be put in place straight away.

People were protected from risks associated with their care for the great majority of the time. However, we found that some measures to reduce risks had not been taken.

Staff members told us they followed the guidance set out in personal care plans and risk assessments. One person was prescribed medication to which access was needed at all times. A risk assessment to guide staff was not in place for this. On inspection we found that the service did not take the medication when the person went out. This meant that the risks to the person's health were not kept as low as possible.

One person's behaviour was assessed as being a potential risk to other people who use the service. Staff had identified ways of eliminating this particular risk. However, a risk assessment to record the measures to be used was not in place.

These missing risk assessments were put in place before the end of the inspection.

We observed that some staff were not sufficiently aware of, and did not follow the content of, another person's care plan. This person had been assessed as needing assistance with transfers but not all staff followed this care plan which may have increased the risks of that person having a fall. Records showed this person had had approximately six unwitnessed falls this year.

The service had arrangements in place to protect people from abuse and avoidable harm. Staff had received training on safeguarding and showed good understanding and positive attitude towards this. They were clear on what to do if they suspected a person who uses the service had either been harmed or was at risk of harm. Staff were aware of the safeguarding and whistle blowing policies and procedures in place.

We found that neurological observations did not take place when a fall had involved a bang to a person's head. This meant that not all reasonable steps were taken to promote people's safety.

The service did not fully manage people's medication in a safe way. A system in to record when necessary medication was taken out of the home and when it was brought back was not in place. For medication not pre-dispensed into blister packs by the pharmacy, the service did not record the balance of the total medication received against medication administered and medication returned.

One person who was unable to reliably communicate verbally was prescribed pain relieving medication. The service did not have protocols in place to guide staff on when to give 'as and when' (PRN) medication to this person which meant they may not have received medication when it was necessary or may have received medication when it was unnecessary.

There was confusion from staff about how one person's diabetes should be managed; we found staff members had different approaches to this. One person said that blood tests should be carried out and others said this was not required. The service did not have a protocol in place to guide staff on how the person's medical condition should be managed to promote their safety and well-being.

We found that cleaning products were stored in an unlocked kitchen cupboard. When we asked a member of staff about this we were informed that the cupboard was usually locked but had been left open for ease of access during the morning. We later found that the lock had not worked for some time. This issue had been raised at the last inspection report in January 2014. This meant that people's safety had not been promoted by safe storage of chemical products. When we raised this matter the registered manager immediately ensured the products were locked away in a different room.

On the first day of the inspection, neither toilet had hand towels or soap for people, staff and visitors to use. At the end of the first day's inspection we asked care staff why this had been the case and were informed these items should have been in place. The next day we found that hand towels had been put in the toilets but there was still no soap. We were informed that because one person may pump all of the soap out of the dispensers, they were not left in the toilets. We asked how people managed to wash

Is the service safe?

their hands without soap and were informed that carers gave people a soap dispenser when they went into the toilet. However, on our observations this this did not happen. This meant that people's dignity was compromised and their safety was not protected by good infection control practice.

The service did not always provide care in a safe way by taking all reasonably practicable measures to mitigate risks, to manage medications safely and to promote infection control. This is a breach of Regulation 12 (1) (2) (b) (g) (h) of the Health and Social Care Act (2008) Regulations 2014.

People's health and safety were promoted by a clean environment. Staff said cleaning responsibilities were clearly set out in the cleaning schedules that were followed, and that the premises and equipment were suitable and well maintained. Protective equipment and sanitiser gel were in place. We saw that people used aprons when preparing food, and were informed gloves were used by staff when providing personal care. However, we noted gloves were used when ordinary hand hygiene would be sufficient, for example one person who uses the service was wearing gloves when making a cake.

During the recruitment process the service obtained information to make judgements about the character, qualifications, skills and experience of its staff. The recruitment processes took steps to obtain proof of identity

and qualifications of prospective employees. Disclosure and barring checks had taken place. The Disclosure and Barring Service helps employers make safer recruitment decisions by providing information about a person's criminal record and whether they were previously barred from working with adults.

Staff members told us that there were sufficient numbers of staff on duty to provide the care that people needed. However they all said they would like to have more one to one time to do activities with people.

The service had an accident and incident reporting system in place. Our checks of daily records, cross referenced with incident and accident recording, indicated that good reporting and recording of incidents and accidents took place.

Staff kept daily care records and communicated any changes in people's needs, or concerns about care provision to each other. This was done for example, using daily 'handover' meetings where information was shared and recorded between staff. This meant that people's well-being and safety were promoted because staff members were usually quickly aware of any issues or changes in relation to providing care.

We recommend the service contact the local authority safeguarding team to discuss when safeguarding alerts should be made.

Is the service effective?

Our findings

CQC is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The MCA sets out what must be done to make sure that the rights of people who may lack mental capacity to make decisions are protected in relation to consent or refusal of care or treatment. This includes decisions about depriving people of their liberty so that they get the care and treatment they need where there is no less restrictive way of achieving this. DoLS require providers to submit applications to a 'Supervisory Body', the appropriate local authority, for authority to do so.

We found that the service had not made all necessary applications to the local authority for DoLS authorisations to protect people from being deprived of their liberty without lawful authority. There was lack of sufficient understanding of how to put the MCA into practice and a belief that assessments of capacity and best interest decisions about the service's care of people were not the responsibility of the service. When people lacked capacity to decide on their care, the service did not have assessments of capacity and best interest decisions in place to underpin the care plans for these people.

There was a lack of understanding of restraint as defined by the MCA. We were informed that restraint was not used. However we found that appropriate restraint did take place, such as preventing people from leaving the home unescorted. The service did not use the provisions of the MCA to ensure and record that any restraint of a person who lacked mental capacity was proportionate to the risk of harm and done in their best interests.

This was in breach of Regulation 11(1) (2) (3) of the Health and Social Care Act (2008) Regulations 2014.

27 Stratton Road staff were provided with induction and on-going, up to date training. Care staff said they had sufficient training to carry out their roles effectively. We were informed by the registered manager that mandatory training included: first aid, food hygiene, MCA/DoLS, epilepsy, medication, infection control, safeguarding and moving and handling. This did not include fire safety or positive intervention to manage people's anxiety. However we found that the training record provided to us showed that most staff had up to date fire safety training and that

approximately five members of staff did not. The records showed that nine members of staff had not received training in positive intervention. We were informed that new training entitled 'keeping you safe' would be provided which would include training on de-escalation techniques to help staff to manage people's anxieties.

We asked how the service ensured that staff training was understood and embedded in practice. The registered manager, provider and general manager said the 'e learning' courses that staff undertook required them to cross a 'pass mark' which indicated they had understood the training. They said that supervision between staff and their managers were used to ensure that training was applied in practice and that staff were competent.

They added that the service needed to improve its rate and quality of supervision. Our review of supervision records and feedback from staff confirmed this. The registered manager said the service planned in the future to use its current 'spot check' system to ask staff questions to check their understanding and from this to identify any on-going training needs for staff. Team meetings, another means of supporting and developing staff did not take place at the service. Staff members informed us that sharing ideas and strategies at team meetings would assist them to work in a consistent way which would promote people's quality of life and well-being.

People asked staff to provide food and drink throughout the day and were encouraged to assist with meal preparation. Requirements for diabetic diets were met. People were enabled to have a healthy diet of fresh food and to make their own food choices. We noted that at mealtimes were social occasions. Staff enabled people to make their food choices by explaining and showing them the various options in picture form if necessary. We observed that these people were provided with their meals in a timely manner.

All of the care plans provided information on people's communication needs and guided staff on how effective communication may be achieved. We observed staff speak to people with respect, warmth and good humour.

Each person had their own room that was personalised with their belongings. Staff members were aware of the need to help people have access to health services. People told us they were provided with necessary help to make appointments and we saw evidence of this in their care

Is the service effective?

records. 'Health action plans' were in place to help people understand and make health decisions where possible. Also 'hospital passports' were in place to that people's health information could be appropriately and quickly shared as necessary.

Is the service caring?

Our findings

All the people we spoke with described staff as kind and good.

People said that their privacy and dignity were promoted and that staff always knocked before entering their rooms and asked before they carried out care. We observed that staff member's approach to people was respectful and warm.

Staff were calm their approach to people; they explained options, offered choices and negotiated. People appeared comfortable and confident around the staff, and were not reticent to request their help.

We saw evidence the service encouraged people's independence and dignity for example; managing tasks for themselves such as keeping their room tidy and reminding them to shut the bathroom door.

One member of staff said staff, "deeply care about" the people who use the service. Staff comments showed they were motivated to build up good caring relationships with

people. Staff told us how they ensured privacy was given when necessary. They said they asked people what they want and gave people choice and we observed this happen in practice.

One member of staff told us how it was important to "remember this is their house." We found that staff were motivated to work in a consistent way and came up with several ideas to ensure that people's safety and quality of life were promoted. One member of staff said they always hoped to do, "The best I can do to ensure they have the most enjoyable day."

Family members commented that people were fond of, and made positive comments about, the staff. They said people were always happy to return to the home after being away. One family member said of the staff, "They all do their job but some do better than others and go the extra mile."

We noted that staff and the management team were aware of the importance of protecting people's confidentiality; it was policy for each member of staff to sign a confidentiality agreement. Records were locked away with only appropriate people having access.

Is the service responsive?

Our findings

The registered manager said a collaborative assessment would be undertaken if a new person came to live at 27 Stratton Road. Each person had a person centred care plan. Care staff had a good understanding of, and were motivated to provide, person centred care.

The care plans evidenced care was provided in accordance with people's individual preferences and promoted their choices. We saw that care plans recorded for example: people's food preferences, when they liked to get up and go to bed, what support they wanted and when, what activities they liked to do and how they preferred to move about. We could see from records that people were helped with the small but important details of life, such as buying and sending greetings cards to family members. The service sought to meet people's changing needs and to promote their independence, social inclusion and choices.

Regular activities included: arts and crafts, cookery, skittles, swimming, pub lunches, drumming, music and social gatherings at a local club. Other activities included shopping, barbeques, going to see a film, bead craft, watching television, word searches, drawing, manicures and baking. The provider had its own resource centre which people were able to use for activities and socialising. Whilst all staff said that there was room for improvement, the service did provide meaningful activities, and helped people to socialise and access community facilities.

The service conducted surveys and one to one informal chats in order to gain people's feedback. Some people were unable to give feedback and relied on the service to interpret their behaviour in order to gauge their satisfaction and happiness with the service. For example the trainee manager had sensitively observed that one person's behaviour may have indicated difficulties with swallowing

liquid, or the potential need for increased one to one contact with staff. The service included people in decision making and was responsive to people's wishes and concerns.

Our observations showed that staff listened and responded to people's day to day requests with patience and kindness. Staff and family members said they were confident to raise any issues or concerns. People informed us that they would talk to staff if they needed any help and our observations confirmed this. There were effective arrangements in place for communication between services to ensure care planning and to promote the health, safety and welfare of the people who use the service.

Staff were not fully enabled to give and discuss feedback in formal team meetings because they did not take place. However, they individually informed us that they felt confident to raise concerns and make suggestions. Staff informed us that they felt more could be achieved to promote people's welfare if they were enabled to work as a more cohesive team. A repeated phrase used to express this goal was 'singing from the same song sheet'.

There was a system in place to manage complaints and concerns. We were informed by family members that they had raised some concerns since the last inspection report of January 2014. However, contrary to its policy and procedure, the service was not able to provide a record of neither these concerns, nor the action taken to prevent reoccurrence of the reported incident. Significantly, the family member was not confident that the incidents, which related to ineffectual communication and lack of personal care, would not be repeated.

We recommend that the service seek guidance from a reputable source on the management of concerns and complaints.

Is the service well-led?

Our findings

The registered manager did not carry out the operational management of 27 Stratton Road; this was done by a trainee manager. The trainee manager was not supervised by the registered manager but by the registered manager of another home owned by the provider. The registered manager did not regularly work at the service except to carry out 'spot checks'. We asked to see the 'spot check' checklist document used by the registered provider. We saw a completed version of this document, entitled 'visual audit'. We noted the document served neither to gather, nor record sufficient audit information.

We asked why the registered manager had stopped managing the service while the existing operational manager was still in training. We were informed that the service had mistimed the process of the trainee manager taking over from the registered manager and that the service would quickly take steps to resolve the matter.

This was a breach of Regulation 15 (1) (a) (b) CQC (Registration) Regulations 2009 Notice of Changes.

The provider had a quality and safety assurance system in place however these were not completed. This form was designed to gather auditable information on key aspects of the service which could be used to identify actions the service needed to take to improve or maintain the service. We were informed that the completed forms were returned to a member of the provider's management team who had responsibility for development of the provider's services.

We asked to see the action plan to show how the service intended to improve or maintain the service. We were told

there was not a written action plan in place. However, it was clear from managers' comments that on the second day of the inspection the service began to write up an action plan for the service.

We read the provider's 'quality assurance' folder and found it contained only two letters of thanks relating to 27 Stratton Road. The information in this folder did not provide any quantitative or qualitative audit information or action plans.

At all accident and incident reports were checked by the provider's general manager who took necessary action to reduce risks to people.

The service did not effectively assess, monitor and evaluate the quality and safety of the care provided nor did it effectively evaluate and improve its practice. This was in breach of Regulation 17(1) (2) (a) (f) of the Health and Social Care Act (2008) Regulations 2014.

We were informed that the service employed a specialist manager with responsibility for development who kept the service up to date with new developments and good practice. Other systems used for keeping up with good practice included training and using information from the National Institute for Clinical Excellence and the Social Care Institute for Excellence websites. We were informed the service had made community links, for example one of the managers was co-chair of the Wiltshire Provider Forum.

People, their families and staff informed us that they felt confident to raise any issues and concerns because there was a culture of openness at 27 Stratton Road. We saw evidence of partnership working by the service with health and social care services.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The service did not always provide care in a safe way by taking all reasonably practicable measures to mitigate risks, to manage medications safely and to promote infection control.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The service did not effectively assess, monitor and evaluate the quality and safety of the care provided nor did it effectively evaluate and improve its practice.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 15 CQC (Registration) Regulations 2009 Notifications – notice of changes

The registered person did not notify the CQC that they had ceased to manage the regulated activity and that somebody else was doing this.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

When people lacked capacity to decide on their care, the service did not have assessments of capacity and best interest decisions in place to underpin the care plans for these people.