Innovations Wiltshire Limited

Innovations Wiltshire Limited - Pelham Court

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?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 25 July 2018 and was announced, which meant the provider was given notice before we visited. This was because the location provides a home care service. We wanted to make sure the registered manager, or someone who could act on their behalf, would be available to support our inspection. At time of our inspection 40 people were using the service.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community.

The service had 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.

People's medicines were mostly managed and administered safely. We saw there had been four medicines administration and nine recording errors in the past 12 months. The registered manager investigated each error and we saw evidence that where required, appropriate health advice was sought.

The registered manager did not always notify CQC of significant events, such as where the Police were contacted or a deprivation of liberty safeguard had been authorised.

People told us they felt safe when the carers visited them in their homes.

Staff were passionate about the people they supported and the registered manager told us they supported people to go out in the community in their own time.

There were sufficient staff to meet people's needs and staff were deployed effectively.

People were supported by staff who had supervisions (one to one meeting) with their line manager. Staff had also received their annual appraisals. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had.

The provider regularly assessed and monitored the quality of the service provided. Feedback from people and their relatives was encouraged and was used to make improvements to the service.

Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. Staff had all received safeguarding training and we confirmed this from the training records.

New staff were supported to complete an induction programme before working on their own. Induction records were in place which showed that new staff had been supported to understand their role, complete

required training and spent a period of time shadowing an experienced member of staff.

Staff had received training around the Mental Capacity Act (2005) and Deprivation of liberty safeguards. Staff explained how they supported people with making choices about their daily living. People's individual wishes were acted upon, such as how they wished to receive their personal care.

People received care and support from staff who had got to know them well. People usually had a small group of care staff visiting them, ensuring continuity in care where possible.

People or their relatives were involved in developing their care plans. Care plans were personalised and detailed daily routines specific to each person were recorded. People and their relatives spoke positively about the quality of care they received.

We found one breach of the Care Quality Commission (Registration) Regulations 2009 – Notification of other incidents. You can see what action we told the provider to take at the back of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

This service was safe.

People said they felt safe when receiving care. There were sufficient staff to meet people's needs safely.

Peoples' medicines were mostly managed and administered safely. We found some errors in the administering and recording of medicines. These were thoroughly investigated and appropriate advice sought.

Systems were in place to ensure people were protected from abuse. Risks people faced were assessed and action taken to manage them.

Is the service effective?

Good

This service was effective.

People and their relatives spoke positively about staff and told us they were skilled to meet their needs.

Staff understood whether people were able to consent to their care and were aware of action they needed to take where people did not have capacity to consent.

People's changing needs were monitored to make sure their health needs were responded to promptly.

Is the service caring?

Good

This service was caring.

People spoke positively about staff and the care they received.

Care was delivered in a way that took account of people's individual needs and promoted emotional well-being.

Staff maintained people's dignity and upheld their rights. People were treated with respect and their privacy was protected.

Is the service responsive?

Good

This service was responsive.

People were supported to make their views known about their care and support. People were involved in planning and reviewing their care.

People were supported to maintain their independence and access the community.

People were aware of the complaints procedures and felt confident the registered manager would act on their concerns if needed.

Is the service well-led?

Requires Improvement

This service wasn't always well-led.

The registered manager did not always notify CQC of significant events, which happened within the service.

Staff felt supported by management. People told us they felt the service was well managed.

Systems were in place to review incidents and audit performance, to help identify any themes, trends or lessons to be learned.

Quality assurance systems involved people who use the service, their representatives and staff and were used to improve the quality of the service.

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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.

This inspection took place on 25 July 2018 and was announced.

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

One inspector and one expert by experience carried out this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. The inspector visited the office on 25 July 2018, while the expert by experience completed telephone interviews with people and their relatives.

Before the inspection, we reviewed all of the information we hold about the service, including notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us. We reviewed the Provider Information Record (PIR), which is information given to us by the provider.

As part of the inspection we spoke with five people who used the service, six relatives, the registered manager and two members of care staff. We looked at the records relating to care and decision making for three people. We also looked at records about the management of the service, training records and staff files. We requested feedback from four health and social care professionals, however did not receive a response.

Good

Is the service safe?

Our findings

People told us they felt safe when staff visited them in their homes. Comments included "Oh yes definitely, I feel very safe", "Very, no problems at all" and "Oh yes of course."

One relative told us they had a concern that a staff member had left their family member's door ajar rather than closing it, but said the next staff member reported it quickly and the issue had not occurred again. They said they were happy with the outcome and commented "Yes, [family member] feels safe with the staff. They are very organised and polite."

People were kept safe because systems were in place reducing the risks of harm and potential abuse. Staff had all received safeguarding training, and were aware of their responsibilities in reporting concerns, and the concerns of those they supported. We saw that risk assessments were in place for people who were at risk of falls, skin breakdown and who were using equipment, such as hoists. The service also completed a monthly environmental audit in people's homes to identify any trip hazards or other issues that could cause the person harm. For example the audit identified that a person did not have sufficient fire fighting equipment in their kitchen. Staff acted on this and arranged a fire blanket for the kitchen.

People involved in accidents and incidents were supported to stay safe and action had been taken to prevent further injury or harm. We saw where people had a fall; the service took action to put measures in place to reduce the risk of reoccurrence. Staff identified any trip hazards in people's homes and reported it back to the office and family. Staff told us they knew the protocol to follow when they visited a person and they had fallen.

Peoples' medicines were mostly managed and administered safely. We saw there had been four medicines administration and nine recording errors in the past 12 months. The registered manager told us they investigated each error and discussed it with staff in supervision. We saw evidence that GP advice was sought where required. Staff would also redo their medicines training where needed and would not administer medicines until signed off as competent. Each medicines error was also recorded as an incident.

We found where people were prescribed 'as required' (PRN) medicines, protocols were in place. However these did not contain all the information needed, such as what the medicines were for, when the person might need it and the maximum dose the person could have in 24 hours. We also found where people were receiving support with their medicines, risk assessments were not in place. We raised this with the registered manager who acted on this immediately. Following the inspection they sent us updated protocols and risk assessments to evidence the information was now included.

One relative told us the staff were "hot on safeguarding" when managing their family member's medicines. They said staff reported that their family member was trying to hide their tea time dose of paracetamol to save for bedtime, when they were due to have another dose of paracetamol at bedtime as well. Staff ensured the paracetamol was taken at the correct time and not stored.

The service followed safe recruitment practices. Staff told us staff files included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults. Records seen confirmed that staff members were entitled to work in the UK.

People were supported by sufficient staff with the right skills and knowledge to meet their individual needs. People and their relatives told us staff were reliable and usually punctual. They said staff usually arrived on time, give or take a few minutes. If they were going to be very late, either the office or care staff would phone them. The registered manager told us they also tried to provide people with continuity in staff. One person said "I have the same bank of carers and know them all. Any new carers are introduced with somebody who knows the ropes, which is nice."

There was a policy and procedure in place to guide staff on infection control and prevention. Staff had access to the appropriate personal protective equipment (PPE) to reduce the risk of cross contamination and the spread of infection. Speaking with people they told us staff wore gloves and aprons when providing personal care. The registered manager or other senior staff also completed unannounced spot checks to ensure staff adhered to the infection control policy.

There was a business continuity plan in place in case of for example, loss of power, outbreak of infection amongst staff or adverse weather conditions. The registered manager told us people were prioritised on the level of their care needs and if they had relatives or friends who could support instead of care staff. During periods of bad weather, staff also talked to people about things they can do to keep safe and ensure they had extra provisions within their home. For example the registered manager told us due to the hot weather, staff ensured when they visited that people had plenty of fluids available. There was a 24hrs on-call service which people could access in case of an emergency.

Good

Is the service effective?

Our findings

We looked at how the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). 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 legally authorised under the MCA. For people receiving care in their own home, this is as an Order from the Court of Protection. The registered manager confirmed this had only applied to one person previously, however this person had passed away. There was currently no Order from the Court of Protection.

People told us they were involved in decisions about their care. We saw people had signed their care plans and consented to information sharing. The registered manager told us they currently didn't have anyone who lacked mental capacity to consent to their care. However, they knew what process to follow if a person did lack capacity to consent. Staff we spoke with showed an understanding of the principles of the MCA. One staff member said "When someone lacks capacity to make a decision, others can support the person with the decision."

Staff told us they had received a thorough induction before they commenced working on their own. This included e-learning, shadowing experienced staff and spending time in the office, reading care plans and policies and procedures. Staff were introduced to people before they started supporting them in their homes. This meant people had an opportunity to show staff around and talk about how they wanted their care done.

Training records confirmed that staff had received training to provide them with the skills and knowledge to carry out their roles. Staff completed training which included safeguarding, mental capacity, moving & handling and infection control. The registered manager told us they had enrolled all staff on completing a Level 2 medicines management course.

People were encouraged to eat and drink sufficient amounts where the service was responsible for this. Staff documented in people's daily records information about what people were eating and drinking and when. This helped staff monitor the person's intake and identify whether people needed increased support in this area. Staff told us if they had any concerns regarding people's food and fluid intake then they would raise this with staff in the office and make a record in the daily notes. Where people were assisted with meal preparation, they were given a choice.

People's care records showed relevant health and social care professionals were involved with people's care, for example occupational therapists and social workers. The registered manager and staff acted on the recommendations from professionals. For example we saw a moving and handling plan developed by an occupational therapist was transferred to the person's care plan, ensuring staff used the correct method to support the person.

People told us the service responded quickly if they felt unwell. A person commented "When I became ill last year and went into hospital, they [staff] quickly organised things to care for my wife at home. They are actually interested in care." A relative told us "If they [staff] see anything at all, they alert us straight away. They keep me informed and would suggest getting the GP out to my [family member] if they thought they needed one."

Good

Is the service caring?

Our findings

People and their relatives told us they were happy with the care they received. They told us staff were kind and caring and delivered care to them in the way they wanted. People felt respected and their privacy and dignity was promoted. People told us staff wore gloves and aprons, closed bedroom and bathroom doors, covered them up and never did anything they were not comfortable with.

Comments from people included "They [staff] are all very polite, very respectful. It's more of a friendship in a way as they have been coming for quite a while", "They [staff] are brilliant. They are conscientious, kind and they do a good job", "They [staff] are all very nice to me, ever so friendly. They talk to me nicely; they are very, very good. They leave everything nice and tidy in my kitchen and bathroom" and "They [staff] are so caring. They come in and say 'what do you want doing today?' They do my top half and I do my bottom half. They are always very polite; you can have a laugh with them. I look forward to them coming."

Staff showed concern for people's wellbeing in a caring and meaningful way, and they responded to their needs quickly. During our inspection a person's home alarm was going off and causing them distress, called the office. The registered manager and deputy manager attended to the person immediately and brought them back to the office for a drink. The registered manager told us staff were due to take the person out for a meal that evening.

The registered manager had introduced "Making each day count", which looked at what is important to each person and how they can be supported with their emotional well-being. They also told us about a person who had not been out of their home for 6 years. The service supported them to get a mobility scooter and the person is now able to go out, which has given them a new lease of life. The registered manager told us they were also about to implement a befriending programme for people who were not willing or able to access external activities and services. This would give people an opportunity to socialise with a staff member in their own homes if they wished to do so.

People's care was not rushed enabling staff to spend quality time with them. A staff member told us they didn't feel rushed when providing care. They said if they felt they didn't have enough time to meet the person's needs, that they would contact the office to request extra time. The registered manager told us staff received paid travel time, which meant they didn't have to rush from one person to another.

Staff knew people's individual communication skills, abilities and preferences. They supported several people with hearing loss, ensuring people could access their medical appointments for hearing aids to be fitted. We saw care plans included information about people's communication needs, for example "speak clearly, facing clients, giving them time and to be aware if they have not heard or understood." The registered manager told us they had also introduced a person with sight loss to the Royal National Institute of Blind People (RNIB) for audio books. This meant the person could still enjoy books, which was important to them.

There was a range of ways used to make sure people were able to say how they felt about the caring

approach of the service. People's views were sought through care reviews and annual surveys and the office had regular telephone contact with people. The registered manager frequently asked for people's views when visiting them at home.

Good

Is the service responsive?

Our findings

Care plans were personalised and detailed daily routines specific to each person. They included information about people's daily living activities, for example how people wanted their personal care done, assistance with eating and drinking and any support needed with communication or decision making. We saw people's likes, dislikes and preferences were recorded. The registered manager told us they had developed a 'pen picture' of each person, which provided staff with essential information needed to support people.

The registered manager and senior staff visited people before commencing their care, completing an assessment on how people wanted to be supported. People told us they were involved in their care planning, as well as their relatives where appropriate. People's needs were reviewed regularly and as required.

People told us staff completed notes at the end of each visit. We saw that daily recording notes were personalised to each person, however some notes appeared to be task orientated. Daily recording included information about the person's mood and any concerns about their health. Any concerns were communicated back to the office. One person said "The staff were very willing to discuss anything. Good communication from all staff, very helpful, no concerns at all."

People's concerns and complaints were encouraged, investigated and responded to in good time. People and their relatives told us they felt confident their complaints would be acted on; however people told us they had not had to complain yet. They contacted the office with any concerns and said it would be dealt with. One person said "If anything were to go wrong, I'd be straight on the phone and I'm sure they would sort it out for me" and another person commented "I would ring up the boss if I had any complaints, but I haven't had to do it."

The service had good links with the local community. Staff were proactive and made sure that people were able to maintain relationships that matter to them. The registered manager was passionate about reducing social isolation for the people they worked with, but also for other older people in the community who were not receiving a service. The registered manager and staff supported people to attend for example the memory clinic or take people to the theatre or cinema. The registered manager told us many of these visits were outside of people's care hours and completed in staff's own time.

People and their relatives were given support when making decisions about their preferences for end of life care. Where necessary, people and staff were supported by palliative care specialists. A staff member said "End of life care is very good, especially the way we support people." They said they respected people's end of life wishes. They told us of an example where a person was dying and they had no family to stay with them overnight. The registered manager stayed so the person didn't have to be on their own.

Requires Improvement

Is the service well-led?

Our findings

The service had a registered manager in post who was responsible for the day to day running of the service. They were supported by a deputy manager and senior staff. The registered manager regularly worked alongside other staff and provided hands on care. They said this was important and gave them an oversight of what was happening within the service.

We found the registered manager wasn't always aware of which events to notify to CQC. We found evidence that contact had been made with the Police regarding a person and in another case a deprivation of liberty safeguard in the community had been approved. Both these incidents should have been notified to CQC. We use this information to monitor the service and ensure they responded appropriately to keep people safe. The registered manager told us they were unaware that these were notifiable events to CQC but would ensure they provided the information in the future.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 – Notification of other incidents.

Staff spoke positively about the registered manager and said they were well supported. A staff member said "I feel absolutely 100% supported." The registered manager told us they cared for their staff team and had regular contact with staff to ensure they had no concerns. The registered manager arranged coffee mornings in the office where staff had an opportunity to come in for a drink and cake. Staff told us this helped to boost morale and they felt valued working for the service.

People and relatives told us that they were happy with the service and would recommend it to others. They found the registered manager to be supportive and approachable. Comments included "The manager and deputy are both extremely good, couldn't do more. They phone me and ask me if there is anything else I require. They make it as easy for me as they can", "The lady in charge is excellent, and I have every confidence she would sort any issues out", "She [registered manager] came out a few times and told me if I ever have any problems, to give her a ring. She's always on the other end of the phone" and "The boss [registered manager] is the hardest working woman I've ever known."

Staff were supported to attend regular team meetings. These meetings were held to enable staff to express their thoughts about the service and hand over important information about people using the service. The service also had systems in place to check new staff satisfaction during the recruitment and induction process. Staff also received an annual survey to feedback their experience of working for the service and make suggestions for improvements.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the service. The provider carried out three monthly audits such as safeguarding and staff training. Audits identified areas for improvement and how they could be achieved. The registered manager also completed internal audits for example of the management of medicines and care plans. The registered manager and senior staff completed unannounced checks on staff during their care visits for monitoring purposes and to

ensure best practice, for example making sure staff followed infection control protocol and were kind and caring.

Surveys were sent out annually to get people and relatives' views of the quality of the care. We saw people and relatives were complimentary about the care they received. Comments included "Staff are easy to get on with and listen to you when you want them to" and "The service you provide is excellent in all circumstances." When people made suggestions in the survey, the registered manager followed this up.

The service worked in partnership with other agencies such as GP's, community nursing, mental health and learning disability services. The registered manager had made links with the local community and was keen on improving and building relationships with agencies in the community. They told us they attended a planning meeting for the elderly at the local town council where they could provide input to improve services for older people in the community. They also made links with other care providers in the area and attended registered manager and domiciliary care provider forums. These were useful for sharing ideas and learning from other providers.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The registered manager did not notify the CQC of important events, such as when the Police was contacted or a Deprivation of liberty safeguard had been authorised.