

Innova House Health Care Limited

Indigo

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 

Overall summary

This inspection took place on 5 January 2016 and was unannounced.

Indigo is owned by Innova House Health Care Limited and offers ground floor accommodation for two adults with learning disabilities, but who were semi-independent. There were two people living there when we visited.

There was a registered manager in place at the time of this inspection, but not available during this inspection. However, a new acting manager was taking over responsibility for the service and had started the process to register. This manager was based in another service

close by, but visited Indigo each day. 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.

Summary of findings

People were safe and protected from harm at Indigo. Any risks to the safety of people were assessed and reduced as far as possible. There were always enough staff available to ensure people were safe and, when needed, people received their medicines safely.

A range of training was available to staff to support them in meeting people's needs. They had information about the Mental Capacity Act and the service ensured people's rights were protected.

People always received enough to eat and drink and independence with choosing and cooking food was promoted. People's on-going health was regularly discussed with them, promoted and monitored.

Staff showed kindness and compassion in the way they spoke with people. People were supported to maintain relationships with family and friends and there were no restrictions on visitors.

Staff showed respect for people's privacy and dignity. They understood the importance of confidentiality, keeping all personal information about people safe and secure.

The service was responsive to individual interests and preferences and plans of support and care were person-centred and specific to people's individual needs. People knew they could raise concerns and make specific requests at any time.

The service was well led and the quality of care was monitored by a management team on behalf of the provider.

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.

Staff understood what action they needed to take to keep people safe and action was taken to reduce personal risks to people's health and welfare.

People were supported by sufficient staff to stay safe and other staff were available to keep checks on them at regular intervals. Any new staff were always thoroughly checked to help make sure they were suitable to work safely with vulnerable people.

Medicines were managed to ensure people received them safely.

Good



Is the service effective?

The service was effective.

Staff received appropriate training and support to meet people's needs effectively.

People's rights were protected by the use of the Mental Capacity Act 2005 when needed.

People always received enough to eat and drink and independence with choosing and cooking food was promoted. People's on-going health was promoted and monitored.

Good



Is the service caring?

The service was caring.

People were cared for by staff who showed kindness and compassion in the way they spoke with people.

Independent advocates were available to represent people's views when needed.

People's privacy and dignity were respected by staff.

Good



Is the service responsive?

The service was responsive.

Care was personalised and responsive to people's needs. Activities were available to meet people's preferences.

People's views were encouraged and listened to. There was a system in place to respond to any complaint.

Good



Is the service well-led?

The service was well led.

There was an acting manager who had recently taken over responsibility of the service and had started the process to register. This manager was based at a service very close by and made frequent visits to Indigo. Management arrangements were always in place to lead and support staff.

There were systems in place for staff to discuss their practice and to report any concerns.

Good



Summary of findings

The quality of the service was regularly monitored by the provider.	
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Indigo

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 5 January 2016 and was unannounced. One inspector visited on this occasion.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks

the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed all the information the provider sent us during the last 12 months, including statutory notifications. These are made for serious incidents which the provider must inform us about.

During our visit we spoke with one of the two people living at service, a visiting social care professional, one care staff member and the new acting manager.

We looked at parts of the care plans, medicine records and some other records relating to staffing.

Is the service safe?

Our findings

People were safe at Indigo and protected from harm. One person said, “Yes, it’s always safe here.”

The staff member on duty told us that all staff that worked there had been trained in how to safeguard people and they knew how to use the whistle blowing policy. There were records to confirm this training. The staff member we spoke with understood what action they needed to take in reporting concerns. They would report to their manager, but also had the contact number for the local authority safeguarding team should they need to report anything directly. The staff member also had experience in the past of managing situations where people may become at risk of abuse from others, who may be expressing their anxieties. We saw from records that previous incidents had been handled appropriately to keep everyone safe.

There were assessments of a range of risks within the care plans that we looked at. The guidance and direction to staff covered all potential risks to people’s safety. The provider told us, “All risk assessments are discussed and agreed by [a multidisciplinary team] where applicable in a meeting with the service user where appropriate or before admission where applicable. Staff consider these assessments on a regular basis and care managers update [the assessments and plans] where necessary and where there have been any changes.” The staff member on duty confirmed that risks were regularly reviewed and told us they had always found the plans associated with risks were informative and provided appropriate guidance and support.

We saw there were records of the regular maintenance checks that were carried out regarding the firefighting equipment and water temperatures. There were also fire evacuation practices and staff and people that lived there were aware of the evacuation plan. There were no staff on the premises for short times during the night, but they were never far away. Staff knew what support and encouragement each person might need, but also how independent they were. We checked that one person knew how to exit the premises without staff assistance and this was confirmed. This reduced the risks to people in the event of any fire at the property.

The staff member on duty was a team leader and told us there was always at least one member of staff on the

premises during the day and evening. They said that one staff member was enough to keep people safe, but there were usually two staff during the afternoons, so that each person could be accompanied separately when accessing the community for various activities. Assessments carried out confirmed that the two people were safe for a few hours at night and the staff member on duty had the chance to help at another of the provider’s services across the road where they assisted with personal care. The staff member we spoke with said that this was only as needed and the rest of the night they stayed within Indigo.

A person that lived at Indigo confirmed they were aware of this arrangement and were happy with the number of staff. They knew there was always a member of staff to offer them support at the times they needed it. We concluded that staffing arrangements were sufficient to keep safe the people that were currently using this service.

Recruitment was on-going and staff confirmed that thorough checks had been made before they were allowed to commence work. We saw records that confirmed there was a robust recruitment process to make sure, as far as possible, new staff were safe to work with vulnerable adults.

We saw that people’s prescribed medicines were held securely and people received them safely. Staff told us that there was always a second staff member present when medicines were given and that the witness signed their initials to show the correct medicine had been administered. When there was only one staff within the home, they had to contact another of the provider’s services nearby, to ask for a staff member to assist. We saw this happening in practice and we saw one person receiving their medicines. A choice of drink was offered with the medicine, as described in the person’s plan and the person was satisfied with the care given with this procedure. The staff witnessing checked carefully that the other staff member was administering the medicine correctly before initialling the record with them. Staff told us they had been trained in administering medicines and witnessing the procedure. Another team leader checked the medicine administration records each week and was responsible for ordering and receiving medicines when they were needed. Appropriate procedures were in place to help ensure people always received their medicines safely as required.

Is the service effective?

Our findings

One person told us that they thought all the staff had been well trained and knew how to support people. A social care professional told us they felt the service was very effective as the person they were visiting was progressing very well since moving in.

The staff member on duty gave us examples that showed they were knowledgeable about people's medical and social history as well as how to support them with their current needs. Staff shifts overlapped so that they had chance to pass on important information to each other. There were also daily notes that staff recorded each day to pass on to other staff.

The provider told us they had an induction process in place that meant that all new staff members received induction training and shadowed other staff for the first week of working at the service. The provider had registered all new staff to undertake the new Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It gives people who use services and their friends and relatives the confidence that the staff have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

Staff told us they had received a lot of good training since their induction and this helped them to carry out their roles and meet people's individual needs. As team leader, the staff member we spoke with was responsible for supervising other staff and also attended team meetings. They had also had one supervision meeting recently with the new acting manager and there were also annual appraisals with the general manager. These meetings all gave staff opportunities to give their views and review their training needs.

One person we spoke with said they could make their own decisions about most things, but were happy for staff to help and support with others. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are

helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. The staff understood how best interest decisions were made using the MCA. Staff had received training on the MCA and demonstrated through discussion that they knew when they needed to act in people's best interests. The staff member on duty told us how more prompting with personal care was needed with one person and that each person needed supervision when out in the community. We saw examples of appropriate assessments and specific plans to direct staff to act in people's best interests.

Staff were also aware of the Deprivation of Liberty Safeguards (DoLS). We saw that staff were following the conditions of the DoLS that had been agreed, so that no one was being unlawfully restricted in any way. It had been challenging to follow one condition involving an external professional, but staff had pursued an appointment to meet the specific condition.

People had enough to eat and drink. There were eating and drinking plans in the care plan files and these helped staff to promote healthy eating. They were based on assessments and preferences. One person told us they went food shopping with staff once a week and that they always had what they wanted to eat each day. They also had some meals when they were out in the community supported by staff.

One person cooked meals for themselves when at home, but staff said they supported the other person more closely, sharing the cooking tasks to make sure everyone was safe in the kitchen.

Staff told us that they always suggested a choice of meal from the food they had in stock and let each person make a decision about what they wanted.

Is the service effective?

People were supported when they wished to consult a doctor about their health. One person told us that staff supported them to attend the GP's surgery when needed. They said staff were always willing to discuss any concerns they had about their health.

We saw that the full care plans included sections about health and we saw an example of a specific health action

plan (HAP). This was aimed to clarify what the person needed to stay healthy. We saw there were records to show this plan was kept up to date and staff told us it was regularly discussed with the person. This showed that people's on-going health was monitored and promoted.

Is the service caring?

Our findings

One person said, “Staff are OK. They help me, talk to me when I want. They help when I go out.”

We observed positive interactions between staff and both people who lived at the service. They showed kindness, compassion and respect in the way they spoke with people. The staff member told us they had seen all staff acting in a very caring, polite and respectful manner when communicating with people. They said they understood the whistle blowing policy and would report anyone to the registered manager if they ever saw anything that was uncaring.

People were supported to maintain relationships with family and friends and there were no restrictions on times for visitors. The staff member on duty was well aware of each person’s social history and the people that were important in their lives. They helped people to stay in contact and gave privacy and support during any visits.

People were supported to express their own views about their care. People knew where their care plans were kept and knew they could ask to see them at any time. Staff told us about weekly diary times where people could review their daily care and ask for anything to be changed or ask about further support.

We saw there was information available about advocacy services if anyone needed an objective person to speak on their behalf. Family members were involved, where people wanted their input, especially when their overall care plan was being reviewed.

Staff told us about how they showed respect for people’s privacy and dignity. They had received training in this. They explained how they supported one person with their personal care by preparing everything they needed, closing the blind and leaving them to wash themselves in private. They gave support with choosing clothes by suggesting two options, but often staff would end up making the final choice. They said they always knocked on the bedroom and bathroom doors and asked permission before entering and we heard this in practice. They recognised that people need to retain control of their care as much as possible.

The importance of confidentiality was understood and respected by staff and we saw that all confidential information was stored securely and accessible only to those people that needed it in the interests of people living there.

Is the service responsive?

Our findings

The service was responsive to individual interests and preferences. One person told us staff gave them choices about what they did each day. They particularly liked going to a local pub for a meal twice a week. They felt they received the support they needed to go out each day if they so wished, but they wanted to continue working towards independence as much as possible.

The provider told us in the Provider Information Return, “A care plan is developed with the service user, family and multidisciplinary team. The care plan involves all aspects of the individual’s care needs and states their individual preferences.” We saw that the care plans were regularly updated on a monthly basis. There were also records of regular multidisciplinary reviews held and action points were recorded. A visiting social care professional told us they were very satisfied with the progress being made on the action points.

Each person had daily activities to choose from and had a daily activity plan based on their preferences and interests. Each week they had diary time in which they reflected on the week that had passed and the week ahead. Staff knew people’s interests and routines. One person liked to watch

films on their DVDs when they were not going out anywhere. The staff member said that support from staff of another of the provider’s services was available to make hourly checks on one person staying at the house, whilst staff supported the other person to go out locally. There were plans for each of them to spend time away from the service on short holidays. People were involved in domestic tasks and this was seen as part of their plan to work towards more independence. They each had some responsibility for cleaning the home with support from staff and with washing their own clothes.

There were systems in place to respond to complaints and concerns efficiently. One person confirmed they knew they could make a complaint if they wanted to, but did not have any concerns about their care. Staff were aware of the full complaints procedure and kept it with other policies and procedures within the house, so they could refer to it if needed. However they said, if necessary, they would write down in detail any complaint they received to pass on to the general manager. There were no records of any complaints and staff said they were not aware of any complaints since the service opened. In discussions with people, they regularly checked that they were happy with the service.

Is the service well-led?

Our findings

We found a positive culture was promoted by the provider. The acting manager told us staff were encouraged to develop positive values during their induction meeting with the general manager, when they shadowed other staff and through discussions in staff supervision meetings. The staff member on duty told us they could approach the acting manager or another manager whenever they wanted to discuss anything. They told us that in the recent staff meetings they were encouraged to voice any concerns and share their views. They felt the acting manager listened to their views and was supportive.

The registered manager was not available at the time of this inspection, but responsibility for this service was transferring to the acting manager who was based in another of the provider's services close by. The acting manager visited each weekday to check all was well and was available by phone. There was also an on call system, so that a manager was always available outside office hours. There was a house phone available for staff to use to contact a manager or other support staff from any of the other of the provider's services.

We had received notifications of the incidents that the provider was required by law to tell us about, such as any restrictions, allegations and other concerns. Appropriate action was described in the notifications and none involved the people currently living in the home.

There was a 'Quality tree' system to seek and act on feedback from people using the service and other persons on the service provided. This involved face to face discussions with people as well as completion of survey questionnaires, including relatives, professionals and other interested parties. There were no negative comments from the previous survey. The staff member we spoke with told us they frequently received verbal feedback from relatives about the service and one person had commented that their family member that lived there had never been happier and their family member's life was so much better since they moved there.

There were other systems to make checks and monitor the quality of the service. The acting manager and team leader carried out weekly audits of records and discussed them in their meetings with the full management group, including the general manager who represented the provider organisation. These meetings also included all the services provided by the same provider and managers and team leaders were able to learn from what was happening at each service. From the checks and issues discussed, the actions for improvement were identified and were passed on to staff working in the service immediately. Although the acting manager for Indigo was based in an office within another home, it was very close by and the systems in place meant there was monitoring of the care at the service on a day to day basis.