Innovations Wiltshire Limited

Innovations Wiltshire Limited - 27 Stratton Road

Inspection report

27 Stratton Road
Pewsey
Wiltshire
SN9 5DY

Tel: 01672562691

Date of inspection visit:
09 November 2016

Date of publication:
30 November 2016

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

Innovations Wiltshire Limited – 27 Stratton Road is registered to provide accommodation and personal care for up to four people with a learning disability. There were four people living there at the time of our inspection.

This inspection took place on 09 November 2016 and was announced which meant the provider knew the day before we would be visiting.

At a previous inspection which took place in August 2015 we found the provider was not meeting all of the requirements of regulations relating to taking all practical measures to mitigate risk, manage medicines safely, promote infection control, the recording of mental capacity assessments and best interest decisions and the effectively assess monitor and evaluate the quality of the service. They wrote to us with an action plan of improvements that would be made. We found on this inspection the provider had taken all the steps to make the necessary improvements.

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.

Staff knew and understood the needs of the people they were supporting. Relatives spoke positively about the care and support their family member received. People were consulted about their food and drink preferences and their dietary and nutritional needs were met. People were supported to have a meal of their choice and were offered an alternative if they did not want what was on the menu.

Care plans were personalised and contained information about the person's preferences, likes, dislikes and what was important to them. Staff were knowledgeable about people's care and support needs and acted in accordance with the guidance in their care plans. People had a range of activities they could be involved in. People were able to choose what activities they took part in and suggest others they would like to try.

People and their relatives told us staff supported them or their family member to staff safe. There were procedures in place to protect people from the risk of abuse and harm. Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. Risks to people's safety had been assessed and plans were in place to minimise these risks. There were arrangements in place to keep people safe in the event of an emergency.

People's needs were met by staff who received appropriate training and were supported in their role. New staff members completed a comprehensive induction into their role to enable them to care for people effectively. Staff received regular supervision from managers to identify and support their personal development and learning needs and to monitor the performance of their working practices.

There were sufficient numbers of staff available to meet people's care and support needs. Staff were recruited safely. The provider and registered manager carried out all the required pre-employment checks to protect people from the employment of unsuitable staff.

People's medicines were managed and administered safely. Staff completed training in the safe administration of medicines and had their competency assessed before taking on this responsibility. Regular audits of medicines management were carried out by the registered manager and home manager and action had been taken where required. People's health needs were monitored and where required they were supported to access healthcare services.

Decisions about people's care when they lacked mental capacity were guided by the principles of the Mental Capacity Act 2005. People's care plans evidenced specific decisions had been made in their best interest when they lacked the capacity to make these.

There was a warm and welcoming atmosphere in the home. The views of people using the service, staff and relatives was sought and acted to on to make improvements in the home. There were quality assurance systems in place which enabled the provider and registered manager to assess, monitor and improve the quality and safety of the service people received.

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

The service was safe.

People were protected against the risks of potential harm or abuse. Staff had received relevant training and understood their roles and responsibilities in relation to safeguarding people from abuse and harm.

Risks to people and their safety had been identified and actions taken to minimise these. Risk management plans were in place to ensure people received safe and appropriate care.

People's medicines were managed safely.

There were sufficient staff to meet people's care and support needs. Safe recruitment practices of staff were followed.

Is the service effective?

Good

The service was effective.

People enjoyed a varied and balanced diet which reflected their preferences and dietary needs. People had access to the necessary health care services to promote their wellbeing.

People received care and support from suitably skilled staff. Staff received an induction into their role and on-going relevant training and supervision to support them in their role.

The service acted in line with current legislation and guidance where people lacked the mental capacity to make certain decisions about their support needs.□

Is the service caring?

Good

The service was caring.

People were treated with compassion and kindness in their day to day care. Staff had a good understanding of people's needs including how they expressed their individual needs and preferences.

Staff showed concern for people's wellbeing in a caring and meaningful way, and responded to their needs quickly.

People were supported to maintain relationships with people who were important to them.

Is the service responsive?

Good

The service was responsive.

Care plans were person centred and reflected people's preferences and decisions. People's care and support needs were regularly reviewed to ensure they received appropriate care.

People's social needs were met through a range of activities which were supported by staff members. People could choose which activities they would like to take part in.

A system was in pace for people and their relatives to raise their concerns or complaints

Is the service well-led?

Good

The service was well-led.

There was a registered manager and home manager in post who were responsible for the day to day running of the service.

Relatives and staff spoke positively about the leadership in the home. The registered manager and home manager worked in partnership to ensure people received a good quality service.

There were processes in place to enable the provider and registered manager to assess and monitor the quality of the service and make improvements where necessary.

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.

This inspection took place on 09 November 2016 and was announced which meant the provider knew the day before we would be visiting. This was because this is a small service where people go out on activities during the day. We wanted to ensure people using the service would be at home during some of our inspection. We wanted to make sure the registered manager would be available to support our inspection, or someone who could act on their behalf. One inspector carried out this inspection.

At a previous inspection which took place in August 2015 we found the provider was not meeting all of the requirements of regulations. This related to taking all practical measures to mitigate risk, manage medicines safely, promote infection control, the recording of mental capacity assessments and best interest decisions and the effectively assess monitor and evaluate the quality of the service. They wrote to us with an action plan of improvements that would be made. We found on this inspection the provider had taken all the steps to make the necessary improvements.

Before we visited we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. We reviewed the 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 used a number of different methods to help us understand the experiences of people who use the service. As people using the service were unable to verbally tell us their views about all aspects of the care they received, we spoke with two relatives about their views on the quality of the care and support being

provided to their family member. During our inspection we looked around the premises and observed the interactions between people using the service and staff.

We looked at documents that related to people's care and support and the management of the service. We reviewed a range of records which included three care and support plans and daily records, staff training records, staff duty rosters, staff personnel files, policies and procedures and quality monitoring documents.

During the visit we met all four people who use the service. We spoke with the registered manager, home manager and three care staff.

Good

Is the service safe?

Our findings

At the last inspection in August 2015 we found the service did not always provide care in a safe way by taking all reasonably practicable measures to mitigate risks, to manage medicines safely and to promote infection control. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider wrote to us following the last inspection and said they would take action to manage risks effectively by January 2016. At this inspection we found the provider had taken action to address this and risks people faced were identified and managed well, medicines were managed safely and the control of infections was promoted.

People received a safe service. Relatives told us they felt staff knew how to keep their family member safe. Their comments included "They know how to keep her safe. They always accompany her on outings and help her with crossing the road safely" and "They keep her safe. When she goes out they support her with her mobility by using a wheelchair as she is at risk of falling".

People were protected against risk of potential harm and abuse. Care staff were able to explain how they kept people safe. Staff had completed training in the safeguarding of vulnerable adults and were aware of the different types of abuse people may experience such as verbal, physical or financial. Staff knew who they should report any concerns to and what actions to take should they suspect abuse had taken place. They said they would report their concerns to the registered manager or home manager. Staff were confident any concerns raised would be listened to and acted upon. Comments from staff included "I have never seen anything that has concerned me but if staff were not acting in the right way I would tell them and speak to the manager" and "Risk assessments are reviewed annually but staff will let me know if anything changes. We know people well and would look for changes in behaviour that might be because they are not happy with things. I would always report this to the registered manager".

Staff supported people to manage their money safely. Staff followed procedures for people who required help from staff with budgeting. When staff made purchases on behalf of people receipts were retained, all expenditure was recorded and balances were checked and signed for by staff. This was then audited monthly by the home manager to ensure there were no discrepancies and that all expenditure was in line with guidance.

Risks to people's personal safety had been assessed and plans were in place to minimise these. There was a range of risk assessments in people's care records. Areas such as personal care, accessing the community, using transport and support to help the person manage behaviour that may be seen as challenging, had been planned for. Where required, people had positive behaviour support plans in place. These provided information for staff about what could trigger certain behaviour, what to do if behaviour occurred, how to react when the behaviour first emerged and then advice on what to do subsequently. The aim of these plans was to create guidance for staff to be able to support the person consistently. For example, in one person's care plan it identified they did not like noisy environments and people sitting to close to them. There was a management plan in place to support different times of the day depending on noise levels and activities taking place. A personal evacuation plan had been drawn up for each person in case of emergency, such as

fire.

Medicines were stored securely and administered safely. Medicines held by the service were securely stored in locked cabinets in people's bedrooms. Most medicines were delivered in four-weekly monitored dosage packs supplied by the local pharmacy. The home manager followed safe procedures when ordering repeat prescriptions and new stocks were checked in to the home on delivery. We looked at the medicine administration records (MAR) for three people using the service and saw there were no gaps in these records. Medicine records and stocks of medicines were checked regularly and running totals of medicines recorded. These monitoring checks ensured that any potential errors in administration were picked up and addressed promptly.

People's photographs were attached to their MAR sheets to aid identification and any medicine allergies were recorded. Processes were in place to ensure medicines that were no longer required were disposed of safely. All staff completed training in the safe administration of medicines and had their competency assessed before taking on this responsibility. Regular audits of medicines management were carried out by the registered manager and home manager and action had been taken where required.

Staff knew when to offer medicines prescribed on an 'as required' basis. For example, when people required pain relief. Guidance for staff to follow on when they might need to offer or administer 'as required' medicines was held in people's medicine administration records.

There were sufficient staff employed to meet the needs of people living in the home. There were two members of staff on duty during the day and one member of staff who 'slept-in' during the night. The service had access to a 'floating' member of staff who worked between of all the innovations homes. This member of staff could be called upon to ensure that people's care needs were met and they did not miss out on activities. We saw people received care when they needed it and routines were carried out in a timely manner. Staff we spoke with felt there was enough staff on duty to meet people's needs and could seek additional support if required. The management operated an on call system to enable staff to seek advice in an emergency.

We saw safe recruitment and selection processes were in place. Staff personnel records showed appropriate checks were undertaken before they commenced work. These records included evidence that pre-employment checks had been made including written references, satisfactory Disclosure and Barring Service clearance (DBS) and evidence of their identity had been obtained. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults.

The premises were well maintained and safe. We found that all areas of the home were clean and free from any odours. Staff had access to personal protective equipment such as gloves and aprons to minimise the risk of infection and cross contamination. Cleaning responsibilities were identified in cleaning schedules which staff signed to say when tasks had been completed. At our last inspection hand towels and soap were not available in the communal toilets. During this visit we saw that these had been made available.

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 in their best interests and be 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).

During our last inspection we found the service had not made all the necessary applications to the local authority for DoLS authorisations to protect people who were deprived of their liberty without lawful authority. Where people lacked capacity the service did not have assessments of capacity and best interest decisions in place.

Where people did not have the capacity to make decisions for themselves, mental capacity assessments had now been undertaken specific to the decision being made. Decisions made in the person's best interest and those people involved were recorded. Relatives confirmed they were always consulted in matters relating to decision making about their family member. The registered manager told us where required applications for DoLS authorisations had been made. Applications had been submitted by the provider to the local authority.

Staff had received training on this topic and understood the importance of encouraging and enabling people to make informed choices about their daily lives. They explained people were always offered the choice of what they wanted to eat and drink and how they wanted to spend their day. We observed staff sought permission from people before undertaking any care or support.

New staff were supported to complete an induction programme before working independently. New staff attended four training sessions which covered areas such as equality and diversity, privacy and dignity, safeguarding, mental capacity and the safe moving and handling of people. This training was linked to the Care Certificate which was completed as part of the induction. The care certificate covers an identified set of standards which health and social care workers are expected to adhere to. Induction included staff shadowing experienced staff for a minimum of one week to learn about how people wished to receive their care and support. One member of staff told us that during the shadowing time they were not put under pressure to work independently and were told that if they did not feel comfortable at the end of this period then it could be extended.

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's care and support needs. We viewed training records which confirmed staff received training on a range subjects such as safeguarding, infection control, mental capacity, autism and

food hygiene. Staff spoke positively about the training provided. Comments included "The training is really good. We get the right training for our role and I really enjoyed completing it" and "We get support to complete our training. There's a lot on line but it is really good".

Staff told us they received regular supervisions (one to one meetings) with their line manager. These meetings enabled them to discuss progress in their work; training and development opportunities and other matters relating to the provision of care for people using the service. These meetings would also be an opportunity to discuss any difficulties or concerns staff had. Staff felt supported by the registered manager and home manager and felt they could approach them outside of these formal meetings for guidance and advice.

People were offered a healthy and balanced range of home cooked meals to suit their dietary needs and preferences. Staff knew each person's likes, dislikes and dietary needs and alternatives were offered if people did not like the main meals on offer. We observed people being supported to choose food and drinks during our visit. Where people were at risk of malnutrition their food intake and weight was monitored. One person went through periods were they did not eat as well as at other times. We observed staff offering this person snacks of their favourite food throughout our visit to encourage some nutritional intake. There was guidance in the person's care plan that guided staff to offer fortified drinks if they had not eaten their meals. People had access to the kitchen and for those who were able they could make their own snacks and drinks. Staff said it was people's choice if they wished to be involved in the preparation of the meal.

People's health needs were met by staff who ensured they received support and treatment from the relevant health and social care professionals. The home had arrangements in place to make sure people were able to attend appointments and check-ups for all health needs .Staff told us they supported people to see a health professional such as a doctor, dentist or optician as required. Contact with health professionals was recorded in people's records. This showed people's day-to-day health needs were met. For example, we saw in one person's care plan they had received a cut to their hand. This had been followed up with a doctor's appointment to ensure the cut was treated appropriately. People had 'Health Action Plans' in place which contained information on their medical history and current health needs. People had a 'Hospital Passport' which contained essential guidance for nursing staff and doctors on how best to support the person, should they be admitted to hospital.

Good

Is the service caring?

Our findings

Relatives told us they were happy with the care and support their family member received. Their comments included "She gets on well with staff and they treat her with kindness" and "She always looks happy when we visit and she gets on well with staff. The staff are wonderful. One of them told us that they really loved their job. They are always willing to do things to help her". When we asked people if they got on well with staff they replied "Yes". One person told us that staff were "Nice".

People received care and support from staff who had got to know them well. Staff told us about people's likes and dislikes. One staff member told us that one person liked to get up and have their breakfast before being supported with personal care and getting dressed. We saw during our visit that this person was supported to have their breakfast first and was then offered support with their personal care. This was also in line with the guidance relating to the person's morning routine in their care plan.

People had good relationships with staff members and they did not hesitate to frequently ask for help and support. Staff members spent time with people. We saw people being treated in a kind and caring manner. We observed staff supporting people in ways that maintained their privacy and dignity. For example, staff ensured that support was provided in private. Staff described how they would ensure people had privacy when providing personal care, for example ensuring doors were closed and curtains were drawn. One member of staff told us "I will always ask the person before I help them with personal care. I want to make sure they are comfortable with what I am doing. I tell them what we are doing and make sure they are alright".

All staff were able to talk about how they promoted people's rights and choices. One member of staff talked about the importance of involving people in decisions about their daily lives. They said "Unless the people we support have an appointment they get up when they want. For example, (the person) likes to have a lie in. If I go in and explain what it is happening that day it is then his choice if he would like to get up. Explaining the day to him helps him get to up". Another staff member said "People all have the capacity to make choices about what they do each day. They have choice over activities, food and what they would like to wear. Sometimes we show people pictures to help them with making choices".

People were supported to maintain important relationships with people that mattered to them. We heard about contacts from family. For example, one relative told us they were able to speak to their family member on the phone each week. They said they could visit at any time and were always made to feel welcome. Other relatives we spoke to also stated that they could visit and ring up at any time. One relative told us they would like the home to support their family member to have more contact with them and they would discuss this with the registered manager.

We saw people appeared at ease with staff and their surroundings. People moved freely around the home choosing to sit in the communal areas or go to their bedrooms. People's needs and preferences had been taken into account to ensure their bedrooms reflected these and were personalised. People were surrounded by items within their rooms that were important and meaningful to them. This included such

items as books, ornaments, cuddly toys, posters and photographs. Staff knocked and sought permission before entering people's rooms.

People had access to local advocacy services. The registered manager told us whilst no one was currently using this service, they could use this service if required. Where needed, family members had been involved to speak on behalf of people or assist them to share their views.

Communication between staff was effective. There was a handover meeting between shifts, which was also recorded. At these meetings, information was shared about how people had spent their time and to pass on any issues or concerns that the staff coming on duty, needed to be aware of. All the staff were knowledgeable about the people they supported and had an understanding of how people communicated. This included what their preferences, likes and dislikes were.

Good

Is the service responsive?

Our findings

Care plans provided comprehensive, detailed information about people including their personal history, individual preferences, interests and aspirations. They were centred on the person to ensure people received the correct care and support. For example, they included details of people's daily routines, preferences, likes and dislikes. This meant staff were able to support people in the way they wanted or needed to be supported to maintain their health and well-being.

People's care plans contained details informing staff of when people displayed particular behaviour, what may have triggered this behaviour and how staff should respond. This ensured the person received a consistent approach from the staff team with their support. Plans included people's health conditions and how to meet their health needs. Where a person's health had changed it was evident staff worked with other professionals to review their care needs. For example, for one person who no longer wished to access the community support from other health care professionals had been sought by the registered manager. The purpose of this was to identify what may have caused these changes and what support they could offer this person to support them back into the community.

People's care plans described how they were to be supported to maintain their independence. People's personal care plan described what they could do for themselves and what tasks or activities they required support with. People were supported by staff to be independent where possible. One staff member explained "We are here to support people and not do things for them. If you do things for people they will lose their skills. We encourage people to do as much for themselves as they can".

Whilst the service did not use physical intervention we saw emergency procedures to support people to leave the building in the event of an emergency contained guidance on how to do this using physical intervention. One person's positive behaviour support plan containing guidance on how to support them guided staff to use 'agreed techniques' although none had been identified and to also use 'break away techniques'. Training and clear guidance on what these techniques were was not in place which meant staff may not be clear on what techniques they should be using. Staff we spoke with confirmed they did not use physical intervention and restraint. We spoke with the registered manager who immediately amended the guidance to remove the physical intervention statements. They were going to meet with senior management to discuss best interests and how they support people to remain safe in the event of a fire.

We observed staff interacting positively with people and responding to their needs so they received care, treatment and support when they required it. For example, at lunchtime one person did not want to eat their lunch. This decision was respected by staff and the person was then offered some snacks instead. They were informed that their sandwich would be placed in the fridge for them to eat later if they wished.

People were supported to follow their interests and take part in social activities. Staff explained whilst people had a timetable of activities each week, this remained flexible to take account of their health needs or them choosing to do something different. People chose what they took part in at the home or the wider community. People accessed activities such as arts and crafts, cooking sessions, skittles, visits to the local

pub and shops and social clubs within the community. The organisation had a day centre which provided activities which people could attend if they so wished.

There was a complaints policy in place. Relatives told us they knew how to make a complaint and who to speak with. They said they had a good working relationship with the registered manager and staff team. A complaints procedure was available in an easy read format for people living in the home.

People and their relatives were invited to share their views of the service. Surveys were sent out each year. Regular reviews of people's care needs were held with the person and their relatives periodically throughout the year. The culture was that of an 'open door policy' where relatives could visit at any time to discuss their family member's care needs and any concerns. One relative told us "I would have no hesitation in raising any concerns I have. They will always listen to me. I can pop in anytime. I feel the service is wonderfully run".

'Residents' meetings were held every six weeks and people were supported to share their views and concerns on the service. We saw minutes of a recent meeting where people had discussed menu preferences and activities they would like to take part in.

Good

Is the service well-led?

Our findings

At the last inspection in August 2015 we found the registered manager did not carry out the operational management of 27 Stratton Road, this was done by a trainee manager. There was now a registered manager in post who was supported by a home manager. Both were present within the service and responsible for the day to day running of the service. Staff told us the registered manager and home manager were approachable and they felt part of a team. They said they could raise concerns with the registered manager and home manager and were confident any issues would be addressed appropriately. Staff told us they felt supported in their role and they did not have any concerns.

Relatives knew the management team and told us they felt comfortable speaking with them. Comments included "Whilst there are some things they could do a little better, on the whole it's a reasonable service and things have improved" and "I love this firm. I am so happy with Innovations and we couldn't have found a better place. I know I can contact them any time".

Staff meetings took place monthly and provided the team with an opportunity to discuss people's specific needs and any changes to care. They could raise any concerns and put forward any ideas or suggestions to improve the service.

Staff were supported to question the practice of other staff members. Staff had access to the company's Whistleblowing policy and procedure. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. All the staff confirmed they understood how they could share concerns about the care people received. Staff knew and understood what was expected of their roles and responsibilities.

The provider had systems in place to monitor the quality of the service. This included audits carried out periodically throughout the year by the director, registered manager and managers from other homes. The audits covered areas such as infection control, care plans, the safe management of medicines and health and safety. The service undertook a mock CQC visit which was undertaken by management external to the home and recorded. Any actions identified were feedback to the registered manager.

All accidents and incidents which occurred in the home were recorded. These records were seen by the registered manager or home manager to make sure they were aware of all significant incidents. This allowed them to analyse the information for any patterns or trends. There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. For example, one person who had experienced a number of falls was referred to the occupational therapist who assessed the person for new walking frame which was now in place. The person's risk assessment had also been amended to reflect their changing needs.

To keep up to date with best practice, the registered manager explained they received regular supervision which gave them the opportunity to discuss their professional development and training requirements. They attended any training required of their role and kept up to date with refresher training for those courses

already completed. They said they attended regular meetings with other registered managers within the organisation which gave them the opportunity to share information and ideas.

The service had appropriate arrangements in place for managing emergencies which included fire procedures. There was a contingency plan which contained information about what staff should do if an unexpected event occurred, such as loss of utilities or fire. The management operated an on call system to enable staff to seek advice in an emergency. This showed leadership advice was present 24 hours a day to manage and address any concerns raised.