Community Integrated Care

Magna Road

Inspection Report

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Overall summary

Magna Road is a care home for up to seven people with learning disabilities. Three people were living at the home when we inspected.

We observed people and saw they were happy living at the home. This was supported by what relatives told us. Staff knew people's individual needs and how to meet them. We saw that there were good relationships between people living at the home and staff.

People's representatives were involved in developing care plans, and we saw people made simple decisions about their care and support. We observed and relatives told us, that staff encouraged and promoted people's independence.

We found that staff were caring and treated people with dignity and respect. People had access to the local community and had individual activities provided.

Staff received an induction, core training and some specialist training so they had the skills and knowledge to meet people's needs. Staff had not yet received training in the Mental Capacity Act and arrangements were in place for this to be provided.

The culture within the home was personalised and open. There was a clear management structure in the home and staff, representatives and people felt comfortable talking to the managers about their concerns and ideas for improvements. There were systems in place to monitor the safety and quality of the service provided.

We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards. The manager was reviewing whether any applications needed to be made in response to the supreme court judgement in relation to Deprivation of Liberty Safeguards. People's human rights were recognised, respected and promoted.

At our inspection in December 2013 we found there had been a breach of regulation 22. This was because there had not been enough qualified, skilled and experienced staff to meet the needs of all the people who had been admitted into the home. At this inspection we found there were enough qualified and skilled staff at the home to meet people's needs.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

People living at Magna Road were safe because they were protected from abuse. People were relaxed with staff and freely approached them. Staff understood what abuse was and had reported any allegations of abuse. Where people experienced behaviour that may challenge, plans were in place for staff to follow to assist these people safely.

There were enough staff to make sure that people were supported and cared for safely. We observed staff supporting people when they needed any care and support.

We found that staff were recruited safely and they had the skills and knowledge to safely care for people.

Care plans and risk assessments had enough detail to make sure staff could ensure that people received appropriate and safe care. We found that risks were assessed and managed and people were supported to take informed risks.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards. We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards. While no applications had been submitted, proper policies and procedures were in place but none had been necessary to date. The manager was reviewing whether any applications needed to be made. Relevant staff had been trained to understand when an application should be made, and knew how to submit one. This meant that people's human rights were properly recognised, respected and promoted.

Are services effective?

The service was effective because, where people who lived in the home were not able to make their own decisions about their care and support, people's representatives told us they were involved in these decisions. People's representatives and family members were encouraged to express their views about their care. Staff understood people's complex ways of communicating and people were supported to make choices and simple decisions.

People's representatives and specialists were involved in assessments and care planning. We saw that people received care and support as described in their care plans. People were referred to health professionals when staff were concerned or their needs changed.

Summary of findings

People lived in an environment that was designed, decorated and had the specialist equipment to meet their individual needs.

Staff received an induction, training and supervision. There was a training and development plan in place to ensure staff were able to meet people's specialist or changing needs.

Are services caring?

The service was caring because representatives told us, and we observed that people were treated with kindness and compassion and their dignity was respected.

People's personal preferences and life histories were understood by staff. They had a good knowledge of people's care needs and preferences and we observed them using different approaches to establish people's choices.

People had the privacy they needed and staff supported people to be independent.

Are services responsive to people's needs?

The service was responsive because people's representatives were encouraged to make their views known about their care, treatment and support. People we observed were able to make simple choices about their day to day lives.

People's capacity was assessed and considered and 'best interest' decisions were in place for people's care and support needs.

People's needs were assessed and regularly reviewed. Feedback from health and social care professionals indicated that the home sometimes needed to be prompted to update people's detailed care plans.

People had access to activities that were important to them. Each person had a programme of activities that were based in the community and at the home.

People were supported to maintain friendships and important relationships with their relatives. Relatives were made welcome at the home.

There was a complaints procedure in place. However, no written complaints had been received. Three relatives we spoke with knew how to raise concerns. They told us that these were always addressed to their satisfaction.

Are services well-led?

Observations and feedback from staff, relatives and professionals showed us the home had a positive and open culture.

Summary of findings

The management team had arrangements in place to assess and monitor that there were enough staff, with the right skills, knowledge and experience to meet the needs of people.

We saw there were systems in place for reviewing and monitoring incidents, accidents, safeguarding alerts, concerns and complaints. The registered manager showed that learning had taken place from investigations. We saw that risks at all levels were anticipated, identified and managed.

There were systems in place to monitor the safety and quality of the service. There were robust systems in place for the maintenance of the building and equipment.

Summary of findings

What people who use the service and those that matter to them say

The three people living at Magna Road at the time of the inspection had a learning disability and other complex needs. They were not able to verbally express their experiences of living at Magna Road. We Makaton signed (a type of sign language) and spoke with one person, we asked them if they were happy, did they like the staff and did they like their bedroom and they signed "yes", smiled and called out loudly in response to each question.

We spent time observing people in the garden and the lounge and dining area. People were relaxed, laughing and smiling with each other and staff. People sought out staff and reached out for physical touch from staff.

We spoke with three people's relative and we found they been closely involved in discussions about people's care and support. Comments from relatives about Magna road included: "This is the best thing that has ever happened to X… I can just see from X's facial expressions and that tells it all, I don't worry anymore", "X seems completely different, I'm very pleased with everything" and "I'm happy overall".

Comments from relatives about the staff included: "I can see they want the best for X, they understand X's communication", "I've got confidence in the staff" and "staff are very good and I'm comfortable with them we have good communication."

Magna Road

Detailed findings

Background to this inspection

This service was inspected as part of the first testing phase of the new inspection process we are introducing for adult social care services.

Before our inspection, we reviewed all the information we held about the home, this included notifications, feedback from relatives and safeguarding alerts.

We did not take an expert by experience with us as part of the team because the people living at the home had complex learning disabilities and behaviours that may present challenges to others.

We visited the home on 16 April 2014 and we spoke and Makaton signed (a type of sign language) with three people. However, because the people living at the home had complex ways of communicating they were not able to fully tell us their views and experiences. Because of this we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We also spoke with one person's visiting relative, the registered manager, two representatives of the organisation and four staff.

We looked at all areas of the building, including people's bedrooms (with their permission). We also spent time looking at records, which included two people's care records, and records relating to the management of the home.

As part of this inspection, we also followed up on the shortfalls in staffing identified at our inspection in December 2013.

Following the inspection we sought the views of two relatives, the learning disability team and the commissioners of the service.

Are services safe?

Our findings

People who lived at Magna Road were protected from abuse and their relatives felt that they were safe. The three people living at Magna Road had complex ways of communicating and had limited verbal communication. We Makaton signed with one person who signed "yes" when we asked whether they liked staff. We observed people interacting with each other and staff in the communal areas. People were relaxed with staff and freely approached them. They sought physical contact and reassurance from staff throughout the day. People laughed, smiled and were animated in the company of staff. This indicated that people felt safe and comfortable with staff.

We spoke with three relatives of two people who lived at the home. All three relatives told us that they had confidence in the staff and registered manager to make sure their relatives were safe. One relative said: "I don't worry anymore" and another relative told us: "I've got confidence in XXX (registered manager) as they sort things out now".

People were safe because staff knew what to do if safeguarding concerns were raised. They told us they had received safeguarding training and records confirmed this. We asked two staff members what they would do if they suspected abuse was taking place. They were able to tell us the action they would take. This included reporting to managers, the local authority or CQC. The registered manager had reported any allegations of abuse to the local authority and to us. Action was taken by the registered manager on the receipt of any allegations to safeguard people.

People who lived at the home presented some behaviours that challenged others. Their behaviours were managed effectively and with dignity. We observed that staff responded as detailed in people's behaviour management plans. For example, one person was very animated and was calling out loudly. Staff recognised this as a behaviour that could quickly escalate and used a counting technique described in the individual's plan. The person quickly calmed, smiled in response to the counting and continued with their activity.

Staff told us and we saw from records that they had received specific behaviour management training for one individual from the learning disability team's intensive support team. In addition to this they also had management of aggression training that focused on understanding people's communication, on diffusion and prevention of behaviours that challenged others.

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The registered manager demonstrated a good understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). While no applications for Deprivation of Liberty Safeguards had been submitted, proper policies and procedures were in place. The registered manager told us they planned to review the recent supreme court judgement in respect of DoLS and the impact this may have on the people living at Magna Road.

Staff had access to the Mental Capacity Act code of practice through the company intranet page. The four staff we spoke with had an understanding of consent and how this worked in practice. However, only five of the sixteen staff had been provided with training on the Mental Capacity Act 2005. This meant that potentially not all staff had a full understanding of the implications for people of the Mental Capacity act, 'best interest' decisions and Deprivation of Liberty Safeguards. The registered manager confirmed following the inspection that training was booked with the local authority.

We found when people were at risk, staff followed effective risk management policies and procedures to protect them. We looked at two people's care plans and risk assessments and saw they were written in enough detail to protect people from harm whilst promoting their independence. For example, one person had risk assessments and management plans in place in relation to their positioning and moving and handling. Their support plan also reflected the person's wish to mobilise around the home without the use of equipment. This meant that risks were managed effectively whilst still promoting the person's independence.

There were clear epilepsy risk management plans in place for those people with epilepsy. The staff we spoke with knew what action to take in response to each individual. We observed staff supporting a person during and after a seizure. One staff member timed the seizure, whilst another member of staff comforted the person. When we spoke with staff later they knew at what point they would have needed to contact the emergency services and this reflected what was written in the individual's epilepsy risk management plan. We saw staff had recorded the timing and length of the seizure in the individual's records. This showed us that people with epilepsy were protected by the effective risk management and monitoring systems in place.

People were safe because staffing levels were sufficient to meet people's needs. We looked at the staff rotas for the two weeks prior to the inspection. The registered manager told us the staffing was calculated for each individual by their funding authority. One person was supported by two staff during the day and another person was supported by one staff at all times during the day. This meant that there was a minimum of four staff on duty during the day and at night there were two waking night staff and a sleep in member of staff. The registered manager told us and we noted that some staff were working long days. The local learning disability and contract monitoring team also raised concerns with us about the number of long days that staff were working. They were concerned about the potential impact this could have on staff who are working with people with complex needs and that they may not be able to provide people with the support they needed. The registered manager informed us that this was short term situation whilst new staff were recruited and trained.

We saw from the recruitment records that a further four staff were in the process of being recruited. The shortfalls in staffing were being covered by three agency workers who were also some of the staff who were being permanently recruited. The manager told us that once the home was fully staffed, care workers would not work long days.

People were safe because staff were recruited safely. We looked at four staff recruitment records and spoke with one member of staff about their own recruitment. We found that recruitment practices were safe and that the relevant checks had been completed before staff worked unsupervised at the home. This made sure that people were protected from staff who were known to be unsuitable.

We noted from discussion with the registered manager, notifications made to CQC, and records, that there were clear disciplinary procedures in place for when unsafe practices were identified.

Are services safe?

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Are services effective?

(for example, treatment is effective)

Our findings

We saw that staff communicated effectively with people. We saw that staff interacted in a good way with people at all times. This meant that people were in happy and contented moods. People actively sought out staff and gestured, used some words and physical touch to communicate with staff. The staff anticipated people's wants and understood how to maintain people's good and happy moods. For example, staff were aware that one person did not like to wait for their food. They gave the person two choices of pudding and double checked that this was their choice and then offered the individual a piece of fruit whilst the food was prepared. This meant that the individual remained relaxed whilst waiting for their pudding to be prepared.

We noted that staff had been working with one person's family to develop a communication passport. This was a document that the individual would carry with them that would explain to others how they communicated and the things that they liked and did not like.

We observed staff effectively communicating with people and one person used a communicator and PECS (Picture Exchange Communication System) to plan what they wanted to do that day in addition to using some signs and gestures. This meant the person was able to communicate their choices and do the activities they wanted.

People, their families and health and social care professionals were involved in assessments and care planning. One person had returned to the home following a successful reassessment of their needs and a new transition plan. The registered manager and staff team had spent time over a three week period working with the individual alongside staff in their previous placement. This was so the individual got to know the staff and so that staff understood and observed how to support the person and their complex communication and behavioural needs.

We looked at two people's care plans and saw they mostly reflected people's assessed needs. The support plans described people's routines and how to provide both support and personal care. Staff we spoke with were knowledgeable about the people they supported and told us that they were learning new things about people all the time and they were updating and adding to care plans. One member of staff told us: "We are discovering something new every day, it's exciting".

We saw that care plans had been updated as staff had told us. For example, one person's plan had been updated to reflect they were making choices about whether to get up at the same time on a Sunday. They were also choosing not to use a walking frame and the service had referred the individual to physiotherapy to ensure they maintained their mobility in other ways. The person's relatives were very positive about the home supporting and encouraging the individual to make choices.

People's health needs were assessed, monitored and planned for. We saw that people had a health action plan completed; this was a plan about how people could keep healthy and who they needed to see to do this. They had also been provided with health books from the learning disability nurse. These books are supported by pictures and include important information about an individual and their health. Staff showed us one person's health book and explained that they took this with them when they attended health appointments. One person was identified as nutritionally at risk. We saw in care records that the individual was being regularly weighed at a local health clinic and a referral had been made to the dietician. We saw records that staff were monitoring the food and fluids the individual had. We noted that the individual was having a fortified diet. For example, they were having full fat milk and frequent high calorie snacks.

People and their representatives were involved in decisions about the environment in the home. We Makaton signed with one person and they signed "yes" when we are asked if they were happy with their bedroom and if it had everything they needed. The person's relatives confirmed that they were now happy with the environment and that the home was fully prepared to meet the person's needs. This was because the individual had furniture secured, their computer, specialist equipment and personal possessions accessible to them.

People had the support and equipment they need to enable them to be as independent as possible. People's bedrooms were personalised and they had any specialist equipment they were assessed as needing. For example, one person had a low bed and floor mats so they were able to get out of bed independently. Another person had their

Are services effective?

(for example, treatment is effective)

bedroom from their family home replicated with a divan bed, soft toy and double quilt. This had supported the individual to sleep and their relative and staff told us this had a positive effect on their well-being.

We noted that photographic and pictorial signage was used throughout the home to identify specific rooms and also to inform people which staff were on duty and what the choices for the meals were. Staff told us and we saw that one person was involved in putting up the photographs for the day's meals.

Advice had been sought from professionals and one person had a recliner chair and this had supported the individual to relax. We observed staff giving the person the choice of sitting in their chair or doing activities. The individual chose to sit in the chair and indicated to staff they wanted it reclined. They visibly relaxed and smiled at staff.

Furniture was secured so it could not be pulled over and all of the door handles had been changed following a risk being identified when a person was injured. In addition to this, stair and bedroom sensors were fitted and switched on at night to alert staff if one person was leaving their bedroom or going near the stairs.

One person had a suite that included a lounge and bedroom with ensuite bathroom. However, the individual was choosing to spend time with the other people in the house in the main lounge. This showed us that people were being encouraged to be independent and use all areas of the home.

Staff had effective support, induction, supervision and training. We spoke with two staff and they told us they were well supported by the registered manager and they had regular team meetings and handovers. One recently appointed member of staff told us they had had a one to one meeting with the registered manager to discuss their progress. We looked at four staff files and saw that, as the staff were newly employed, they had a six week probationary meeting report completed with the registered manager. The registered manager told us that once staff had completed their 12 week probationary period these ongoing meetings would then be recorded as supervision sessions.

We saw from the training plan and the registered manager told us the provider planned to implement a seven day induction programme which included workbooks. Two staff we spoke with and four staff records showed us that staff had received an induction when they started work at the home. Staff told us they had worked alongside experienced staff as part of their induction, completed core and induction training and received specific training on how to work with one individual who had complex needs.

The registered manager sent us their training plan and staff training matrix. We saw that the majority of staff had completed core training and specialist training was planned and booked.

Are services caring?

Our findings

We spent time observing people in the garden, lounge and dining area throughout the day and early evening.

We saw that people were respected by staff and treated with kindness. We observed that staff had genuine affection for people and recognised and valued them as unique individuals. Staff were positive about working with the three people living at the home. They told us they liked working with the people and they celebrated their individuality and how the individuals had developed since moving into the home. Staff gave examples of how one person had started to use more words over the last month and the individual was making more day to day choices. Staff did not focus on any perceived negative behaviours that people may have presented but on their strengths and abilities. This focus on people's strengths and abilities was recorded in people's care plans.

Staff knew people and understood their preferences and personal histories. Care assessments and records included people's personal histories. We found that people's care plans included how people made their preferences and choices in their everyday lives. We observed staff giving people simple verbal choices or using pictures and photographs. Staff were able to tell us how each person made their preferences known. This showed there was a personalised focus at the home and staff understood the people as individuals.

We saw that one person was involved in reviewing the support they had received each month. These reviews were supported by photographs of what the individual had been doing and were the start of their ongoing life story.

We noted that people's assessments and care records considered their needs for privacy. For example, one person who was supported by two staff at all times had a care plan which included the circumstances when the individual was to have unsupervised time alone.

We observed staff promoting people's independence and treating people with dignity and respect. People were provided with specialist equipment such as cutlery and plates that supported them to eat independently. Where people had spilt their food or drinks on themselves during the meal staff discretely supported them to wipe their clothing and the table. One person was supported to change their clothing.

All three relatives we spoke with told us they were encouraged to make their views known about the care and support their relatives received. We saw in records and we were told that people's representative's views had been sought during assessments and in the development of people's care plans.

Staff responded in a caring way when people needed it. For example, when one person was having an epileptic seizure staff reassured them by touching their arm. When the person recovered from the seizure and reached out to hug the staff they responded and hugged the individual back to comfort them.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We observed that throughout the inspection staff gave information to people in ways that they could understand. For example, one person was given visual and verbal choices of activities. We noted that staff rechecked with people the choices they had made and gave them enough time to make their choices.

The three relatives we spoke with told us they were actively encouraged to make their views known about the care and support provided at the home. One relative told us that they were in very close contact with staff at the home and that staff asked them for their views and opinions.

Staff actively sought, listened to and acted on people's views and decisions. For example, care records reflected the choices that one person had made each day. Staff recorded where the person had used their electronic communicator to choose an activity and that they had done it. This showed staff were listening and acting on this individual's choices.

We saw in two people's care records that Mental Capacity Act assessments had been completed by health and social care professionals, as well as people's relatives being involved. Both people were assessed as not having capacity and each person had a generic 'best interest' decision in place that 'support plans' were to be followed. Whilst this follows the principles of the act, the lack of details in relation to specific 'best interest' decisions potentially meant that people were not given the opportunity or support to make some of their own decisions.

In the main, people's needs were assessed and regularly reviewed. However, we received feedback from the local learning disability team and contract monitoring team about Magna Road. They raised concerns about professionals needing to prompt the service about updating and producing detailed care plans for the people who lived there. We found that some of the actions identified for people during a contract monitoring visit in early April 2014 had been followed up. However, we found that not all the plans recommended by the intensive support team had been written and implemented for one person. This meant that potentially staff may not have clear guidance as to how to safely support and care for people and that people's identified health, social and behavioural well-being needs may not be consistently met.

People had access to activities that were important to them. Two of the people attended a local authority day service. One person attended Monday to Friday and another person attended three days a week. Each person had a detailed plan as to how they liked to spend their time and the types of activities they enjoyed. For example, one person had a weekly swimming session, tactile play sessions, using their computer, wheelchair dancing and going to the library. Staff explained that they were still getting to know people and they were trying different activities and recording whether they had been successful or not. We saw that the person's care records reflected this.

Photographs were displayed of people out and about in the community and they showed that the people were smiling during the activity. A family member told us that staff regularly sent them photographs of their relative whilst they were out in the community or enjoying a particular activity. We spoke with staff and they were knowledgeable about the activities that people enjoyed. For example, they explained that one person had a short attention span and they needed to be offered different things to do on a frequent basis. During the inspection we observed staff working with this person, they sat with them and looked at a book, the person lost concentration and the staff member offered them the choice of a book or a tactile snake. The person made their choice and sat holding the tactile snake. Staff anticipated when the person was losing interest and offered a foot rub. This showed us that staff understood the person's need for stimulation and to be occupied to maintain their well-being.

People were supported to maintain friendships and important relationships with their relatives. We noted that in people's care records a circle of support was recorded. This detailed all of the people involved in the individual's life both personal and professional and how they would maintain those relationships. One person was supported to visit or have their parent visit them once a week. A relative told us that they were free to visit the home whenever they wanted. They said they were made to feel welcome and they were enjoying that their relative was now living close by.

Are services responsive to people's needs?

(for example, to feedback?)

There was a written and pictorial complaints procedure displayed and each person's communication plan included details as to how they would let staff know if they were unhappy or worried. The three relatives we spoke with told us they knew how to make a complaint. One relative said: "I've got no worries or concerns and I talk with X (registered manager) and they sort anything out".

The registered manager told us that they encouraged relatives or representatives to raise any concerns on behalf of people and they were able to address their concerns satisfactorily. There had been no complaints made to the home since our last inspection in January 2014.

Are services well-led?

Our findings

Observations and feedback from staff, relatives and professionals showed us the home had a positive and open culture. Staff and relatives spoke highly of the registered manager and comments included: "I've got every confidence in X (registered manager)" and " X (registered manager) is always approachable and always has time for you".

Staff told us and we saw from meeting minutes that there were monthly staff meetings. In addition to this there were daily handovers where a staff member would be identified as a shift leader. We spoke to the shift leader on the day of the inspection they were very clear about their role in relation to coordinating the staff team, making sure people attended appointments and that any daily tasks such as cleaning and shopping were undertaken. Staff told us they all had designated roles, for example being responsible for fire weekly checks or health and safety checks.

The registered manager had sent surveys to the health and social care professionals involved with the home shortly before the inspection. They told us they would analyse the surveys and produce an action plan if any concerns were identified. We saw a completed survey from a relative and this reflected their satisfaction with the home and the improvement of their relative's well-being. Another survey completed by a relative included the following comment: "I feel X has coped and settled very well. X is very happy and relaxed".

Community Integrated Care had a whistleblowing policy, which was available to all staff through the company intranet page. All of the staff we spoke with knew how to whistleblow and raise concerns. They were confident that any issues they raised would be addressed. For example, the registered manager had made safeguarding referrals on the basis of staff whistleblowing and sent us notifications.

Concerns, safeguarding investigations and incidents were used as a learning experience. For example, following the failure of one person's placement at the home the whole process of assessments and transition was reviewed. This meant that the subsequent admissions to the home had been successful for the individual.

We found there were systems in place to record, review and learn from incidents and accidents that had taken place in the home. Staff at the home used an electronic incident and accident recording and monitoring system that was in place across all Community Integrated Care services. This meant that the registered manager and regional manager could monitor and review any incidents to ensure that appropriate management plans were in place.

The registered manager and staff told us and we saw from staff rotas that there were systems in place to ensure there were enough staff to meet people's needs. The registered manager completed records to demonstrate that people were provided with the staffing they were funded for.

We saw there were systems in place to monitor the safety and quality of the service. This included a monthly regional manager's visit and report, people's finance monthly checks and health and safety checks. People's risk assessments and care plans were reviewed monthly and care records were amended to reflect any changes.

We spoke with Community Integrated Care's representatives who were at the home during the inspection. They told us about, and showed us, the benchmarking and monitoring plan in place for Magna Road. The quality manager was reviewing the action plan that had been implemented following shortfalls identified at our December 2013 inspection and their own benchmarking assessment. We saw that good progress had been made and staff told us that the support they had received from the senior managers had meant they were able to improve the home. They had met the serious shortfalls identified by us in our inspection in December 2013 shortly after the home was registered with us. They had sustained the improvements we saw in the care and support people received when we followed up on the shortfalls in January 2014.

We saw there were emergency plans in place for people, staff and the buildings. In addition to this we saw there were weekly maintenance checks of the fire system and water temperatures. There were robust systems in place for the maintenance of the building and equipment.