

Little Ingestre Care Limited

Little Ingestre House

Inspection report

Ingestre Park
Nr Great Haywood
Stafford
Staffordshire
ST18 0RE

Date of inspection visit:
16 February 2017

Date of publication:
10 March 2017

Tel: 01889270410

Website: www.selecthealthcaregroup.com

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

This inspection took place on 16 February 2017 and was unannounced. At our previous inspection in November 2014 we had no concerns about the quality of care and the service was rated as Good.

Little Ingestre House provides accommodation and personal care for up to 15 people with a physical disability. There were 13 people living at the home when we visited.

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

People were being safeguarded from abuse as staff and the management team followed the local safeguarding procedures if they suspected someone had suffered potential abuse.

Risks of harm to people were assessed and action was taken to minimise the risks through the effective use of risk assessment. Staff knew people's risks and followed their risk assessments.

There were sufficient numbers of suitably trained staff to keep people safe and meet their needs in a timely manner.

Staff had been recruited using safe recruitment procedures to ensure they were of good character and fit to work with people who used the service.

People's medicines were stored and administered safely by trained staff.

The principles of The Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) were being followed as the provider was ensuring that people were consenting to their care.

Staff told us and we saw they had received training and were supported to be effective in their roles.

People were supported to maintain a healthy diet dependent on their individual preferences. People received regular health care support and were referred to other health care agencies for support and advice if they became unwell or their needs changed.

People were treated with dignity and respect and their right to privacy was upheld.

Care was personalised and met people's individual needs and preferences. People were involved in the planning of their care.

People were supported to participate in hobbies and activities of their choice within the home and community.

The provider had a complaints procedure and people's complaints were taken seriously and acted upon.

The provider had systems in place to monitor and improve the quality of service.

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 from the risk of abuse as staff and the registered managers knew what to do if they suspected someone had suffered potential abuse.

Risks to people were assessed and minimised. Staff knew how to keep people safe.

There were sufficient numbers of suitably trained staff available to keep people safe.

People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

The provider was working within the principles of the MCA.

People were offered food and drinks of their liking and people's individual dietary needs were met.

People received regular health care support when they became unwell or their needs changed.

Staff were supported and received training to be effective in their role.

Is the service caring?

Good ●

The service was caring.

People who used the service were treated with dignity and respect. People were encouraged to have a say in how the service was run.

People were supported to be as independent as they were able to be and their right to privacy was risk assessed and respected.

Is the service responsive?

Good ●

The service was responsive.

People received care that met their needs and reflected their individual preferences.

There was a complaints procedure and people knew how to complain.

Is the service well-led?

Good ●

The service was well led.

There were two registered managers in post.

People's feedback on the service was regularly sought.

Staff we spoke with found the registered managers supportive and approachable.

The provider had systems in place to monitor and improve the quality of the service.

Little Ingestre House

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 16 February 2017 and was unannounced. It was undertaken by one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We looked at notifications the manager had sent us of significant incidents. Statutory notifications include information about important events which the provider is required to send us by law.

We spoke with seven people who used the service. We spoke with the two registered managers, the deputy manager and three members of the care staff team.

We looked at the care records relating to three people who used the service, rotas, two staff recruitment files and the systems the provider had in place to monitor the quality of the service.

Is the service safe?

Our findings

People who used the service told us that they felt safe. One person said: "We get on well with each other and the staff. The place is secure. Staff speak nicely and there is no abusive language from them". Another person said: "It's a safe place for me. There's no abuse from staff. They're good people to get on with". Staff we spoke with knew what to do if they suspected someone had suffered potential abuse. One staff member told us: "Safeguarding people means keeping people safe from all forms of abuse including, not being allowed to do what they want to do. I would report anything like this to the managers or take it further if I needed to". The registered managers demonstrated an understanding of the local safeguarding procedures. We saw that previous safeguarding concerns had been raised and discussed with the local authority for further investigation.

Risks of harm to people were assessed and action was taken to minimise the risks. We saw one person had fallen and had injured themselves. They told us: "Staff came quickly when I fell. I didn't have to wait a long time". We saw that action had been taken to minimise the risk of them falling again. Professional advice had been sought from the falls team and the person's risk assessment had been up dated to reflect the change in support the person now needed to prevent them from falling. All the staff we spoke with knew the person's updated risk assessment and were able to tell us how they supported the person to keep them safe.

Several people required specialist equipment to support them with their mobility such as wheelchairs and hoists. We saw that equipment was well maintained and regularly serviced. One person who used the service told us: "My electric wheelchair broke down yesterday and they are coming out later today to fix it". Staff we spoke with told us they had been trained to use all the equipment and had been assessed as competent by a moving and handling trainer. One person told us: "Staff use the hoist with me. There is always two staff. No lifting by my arms. Staff are trained to do this". This meant that people were being supported to mobilise safely dependent on their individual assessed needs.

People's medicines were stored and managed safely and we saw and people told us they had their medicines at the prescribed times. One person told us: "The senior staff are qualified and give me my medicines and they check I've taken them". One person required their medicines at specific times during the day to ensure that the medicines were fully effective. We saw that the registered manager responsible for administering the medicines carried an alarm in their pocket which alerted them five minutes before the medicine was due. This meant that the person was administered their medicines at the prescribed times. We observed the administration of medicines and saw they were administered in a safe way dependent on people's individual needs. One person required their medicines administered through a percutaneous endoscopic gastrostomy (PEG). PEG is an endoscopic medical procedure in which a tube is passed into a person's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate. We observed that the safe process to administer medicines through the PEG was visible on the wall in the person's room. We saw that the registered manager followed the procedure and administered the person's medicine safely.

People and the staff told us there were enough staff to meet people's needs in a safe and timely manner throughout the day and night. One person told us: "I don't have to wait for long if I need anything". Another person told us: "Staff are always available, I'm happy with that. I don't have to wait long and I have an alarm bell by the bed and toilet and they both work. Staff come quickly I don't have to wait". From our observations people did not have to wait to have their care needs met and people were not left for long periods of time with no supervision or support. Several new staff had recently been recruited and we saw that a safe recruitment procedure had been followed to ensure that prospective staff were of good character and fit to work with people who used the service. These checks included disclosure and barring service (DBS) checks for staff. DBS checks are made against the police national computer to see if there are any convictions, cautions, warnings or reprimands listed for the applicant.

Is the service effective?

Our findings

People told us and we saw that staff sought their consent before supporting them in all areas of their care and support. One person who used the service told us: "The staff always discuss my care with me". We observed that staff asked people if they wanted their medicines; help with personal care and we saw that people were offered choices of food and daily activities. A person told us: "You can choose things, like food, bedtime and your clothes". People freely moved around the service when they wished and chose how they spent their time.

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. The registered managers and staff demonstrated an understanding of the MCA and the Deprivation of Liberty Safeguards (DoLS). They had been in discussions with the local authority about several people who used the service to ensure that they were not restricting these people's liberty. 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. This meant that the principles of the MCA 2005 and DoLS procedures were being followed.

People told us they felt that staff were effective in their role. One person told us: "They are very good trained staff. They are always on training". Another person told us: "I would give staff a 9 or 10 for knowing their job". Staff we spoke with told us they had received an induction prior to working unsupervised and training that supported them to complete their role competently. One new member of staff said: "I've had training but the managers are approachable and I would ask if I'm unsure. There is never a stupid question". Another member of staff told us: "I'm not trained to give out medicines so I don't, I don't do things I'm not trained to do". There were regular meetings for staff and the registered managers told us that they were in the process of completing their first one to one supervisions with all staff members.

People's nutritional needs were met. People told us they were involved in planning the menus. One person told us: "We discuss food at our residents meetings". Several people required a special diet including a soft diet, PEG feed and a vegetarian diet. We saw people received their required diet and were offered choices of foods. One staff member told us: "If people don't like what's on offer we will always make them something else". A person who used the service told us: "I get plenty of food, juice and tea. I can make myself some toast and cereal. I like a lot of cheese".

We saw when people experienced difficulty in eating and drinking that professional advice was sought from their GP, dietician and a speech and language therapist (SALT). For example one person had recently choked on some food and the registered manager had referred them to SALT for a swallowing assessment. Other health care needs were met when people became unwell or their needs changed. One person told us: "I get to see the doctor, opticians and dentist. The staff arrange it for me as I can't call". We saw that emergency support was gained when people showed signs of becoming unwell and people were supported

to attend health appointments when required.

Is the service caring?

Our findings

People told us and we observed that staff treated them with dignity and respect. One person told us: "Staff attitude is very good, all of them". Another person said: "Staff know me and are positive". Staff we spoke with spoke about people in a kind and caring manner. One staff member said: "It's like a big family here, they care about us as much as we care about them". A new member of staff told us: "I was taken and introduced to all the residents when I came for my interview". This showed that people who used the service were respected and valued.

People who used the service were actively involved in how the service was run. There was a nominated 'link resident' who represented the residents who were unable to represent themselves due to communication difficulties. Regular resident meetings took place and we saw that people's views were respected and acted upon. For example we saw one person had requested to attend an activity on a weekly basis. The person told us: "I love it here, since the meeting I have been attending the club". We also saw that people had expressed a liking for a take away on a Saturday night and this was being facilitated for them. One person told us: "We have a take away and have a little drink of alcohol on a Saturday". A member of staff told us: "We make the take away night into a bit of do, they really enjoy it".

People were encouraged to be as independent as they were able to be. One staff member told us: "If I'm helping someone to get dressed, I will always ask if it's ok and then get some options out of the wardrobe and show them so they can choose what they want to wear". A person who used the service told us: "I prefer to use a spoon instead of a fork. I eat as much as I can by myself. Staff might cut up the food for me. For drinks I need a two handled cup and a straw and I get these". Another person told us: "I work hard to stay independent. Staff help me but don't do everything for me". We saw people were free to come and go as they wished around the service and spend time as they chose. We observed that people were asked if they wished to go into the dining room for lunch and asked if they would like to wear an apron to protect their clothes whilst eating. One person told us: "I'm a bit of a loner. I keep myself to myself and they leave me to my own devices. They always knock on my door and don't just walk in and they don't force me to do things". This showed that people were being offered choices and these choices were being respected.

People had their own rooms where they were able to spend time alone if they wished to. One person told us: "The staff always knock on the door before coming in and they close the door when changing me". One person described how staff made sure they were covered with a towel when being supported to bathe so as not to compromise their dignity. People told us they could have relatives and visitors when they wished. This showed that people's right to privacy was being upheld.

Is the service responsive?

Our findings

People who used the service received care that met their individual needs and preferences. People's needs were assessed prior to admission into the service and care plans, and risk assessments were implemented to inform staff what support people needed in their day to day life. Where able people themselves were involved in the planning and reviewing of their care at regular meetings. One person told us: "I am aware I have a care plan. I found it hard to explain what I needed but managed to get my point of view across". Another person told us: "I was and am involved in my care plan". When people's needs changed we saw that the care records were up dated and the information passed on to the staff. Staff told us that they had a daily handover of information which informed them of any changes in people's needs.

People received care that reflected their individual preferences. We observed and staff told us they knew people well and knew their likes and dislikes and their preferences were respected. A person who used the service told us: "The staff know my needs and they are recorded in the care plan. I had a say in my care plan and I was happy with the review". A new member of staff told us: "I was able to read people's care plans before supporting them and I just ask if I'm not sure". This meant that people were being supported by staff who knew their individual needs.

People were supported to be involved in hobbies and activities of their choice. One person told us: "You are enabled here. I got a certificate in IT and I paint, use the computer and have a light writer. I also help organise the events here". Some people attended college and another person attended a day centre one day a week. People went shopping, ate out and visited the local amenities. Within the service people could choose to become involved in the activities that were on offer such as keep fit, art and craft and other planned games and entertainment. At a recent resident meeting people had asked for an outside singer to come in and this had been arranged for them. One person told us and we saw they had a pet which they had brought in with them and a next door neighbour and staff helped them to walk it and care for it. A member of staff told us: "They come as a pair, you couldn't have separated them". Other people had computers in their room and accessed the internet. One person told us: "I'm always on Facebook". One person liked to paint and we saw their painting hung on walls throughout the service. This showed that care was personalised and met people's individual needs and preferences.

People told us they felt they were able to complain about their care. One person told us: "I'd let the staff know if I had a problem. I'd start at the bottom. I don't think you need to jump in at the top. I've made no complaints but I was informed of the complaints policy. It's in the office". Another person told us: "I'd know how to complain. I would be confident in the manager. I made a complaint in the past and it was sorted out". The provider had a complaints procedure and we saw this was displayed in several areas throughout the building and was in a pictorial format. We saw that the provider maintained a log of complaints and that there had been one complaint during 2014. We saw records to confirm this had been investigated and acted upon.

Is the service well-led?

Our findings

There were two registered managers who had recently been recruited into their roles. They told us that they worked opposite weekends so that there was always adequate management cover and there was an on call rota for emergencies. There were senior members of staff who were trained to administer medicines and manage the day to day running of the home in the registered managers' absence. Staff and people told us that the management team were approachable and supportive. A member of staff told us: "The managers' work on the floor with us, we work as a team". One person told us: "It is very well managed. It is comfortable here".

We saw that people's views on the service were regularly gained through care plan reviews and resident meetings. Quality questionnaires for people who used the service and the staff were also completed regularly and analysed for feedback. One person who used the service told us: "Yes, I do questionnaires about the service. We have residents meetings and the suggestions are acted upon". We saw that people's views were respected and action taken to improve the service. For example, people were enjoying a regular takeaway and had planned entertainment which they had asked for during a residents meeting.

People's care records were clear and comprehensive and regularly reviewed and up dated. Staff received training and support to fulfil their role and there were regular meetings for staff to be able to air their views and suggest ways to improve the service for people. The registered managers' had sent us notifications of significant incidents as they are required to do.

Monthly quality audits were completed throughout the service and the information was forwarded to the provider. These audits included health and safety, maintenance of the building and medicines. An area manager visited the service once a month to ensure that any actions identified in the audits had taken place or had been chased up. We were informed that one person's carpet was waiting to be replaced with flooring due to a malodour and the area manager was due to chase this up the day after our inspection.