

Ms J Stockdale-Fisher

Iona

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We inspected Iona on the 19 October 2017 and it was unannounced. The service provides personal care and support for up to six people with learning disabilities. There were two people living at the service when we visited.

The service had a registered manager. 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.

The service was last inspected on 4 October 2016 when we found there were breaches of the regulations. We rated the provider as requires improvement in the areas of safe, effective and well led. At this inspection we found the provider had made some improvement's however further improvements were needed.

We could not be assured people were safe as the provider did not provide us with documentation to show us checks had been carried out to determine staff suitability to work within the home.

Staff understood how to recognise and report potential abuse. They felt listened to and were assured action would be taken if concerns were raised. Individual risks had been identified for people and staff had the information needed to keep people safe. Medicines were administered, stored and recorded to ensure people were protected from the risks associated with them.

People were supported in a caring way and encouraged to remain independent. People's privacy and dignity was maintained. When people needed support to access health professionals this was available for them. People were able to maintain relationships that were important to them.

When needed capacity assessments had been completed and decisions considered in people's best interests. There were enough staff available to meet people's needs and they had received relevant training and an induction which helped them to offer effective support to people. People were encouraged to make choices about how to spend their day and were involved with activities they enjoyed.

Quality monitoring was completed by the provider to drive improvements within the home. Staff and people felt the service was well managed and were given the opportunity to raise concerns. The provider had a complaints procedure in place so any concerns could be addressed accordingly. The previous rating was displayed in the home in line with the requirements of registration with us.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

We could not be sure people were always safe as we were not assured employments checks had been completed for staff working within the home. Staff knew how to recognise and report potential abuse. Risks were managed in a way that kept people safe. There were enough staff available to meet people's needs. Medicines were managed in a way to protect people from the risks associated with them.

Requires Improvement ●

Is the service effective?

The service was effective.

The provider followed the legal requirements to make sure decisions are taken in people's best interests. Staff received an induction and training that helped them to support people effectively. People made choices around food and drinks. When needed people had access to health professionals.

Good ●

Is the service caring?

The service was caring

People were encouraged to be independent and make choices about their day. They were supported to maintain relationships with people who were important to them. Staff knew people well and interacted with people in a kind and caring way.

Good ●

Is the service responsive?

The service was responsive.

People received personalised care from staff who knew them well. People were supported with leisure activities and the provider had a procedure in place to respond to any concerns or complaints.

Good ●

Is the service well-led?

The service was not always well led

We could not be sure checks were carried out on staff to ensure they were suitable to work within the service. Staff felt supported by the management team and knew about whistle blowing. People and staff felt that the service was well managed. Quality checks were used to bring about improvements.

Requires Improvement ●

Iona

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 visit took place on the 19 October 2017 and was unannounced. The inspection visit was carried out by one inspector. We checked the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service and information we had received from the public. We used this information to formulate our inspection plan.

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spent time observing care and support in the communal areas. We observed how staff interacted with people who used the service. We spoke with two people who used the service, one member of care staff and the registered manager. We did this to gain people's views about the care and to check that standards of care were being met.

We looked at the care records for two people. We checked that the care they received matched the information in their records. We also looked at records relating to the management of the service, including quality checks.

Is the service safe?

Our findings

At our last comprehensive inspection, improvements were needed to ensure risks were managed in a safe way. The provider was in breach of regulation 12 and rated as requires improvement in this area. At this inspection we found the provider had made some improvements however further improvements were needed.

At the last inspection we found risk assessments were not always in place in relation to renovation work that was being carried out. At this inspection we saw the work had been completed. We did not see anything in the environment that may cause people harm.

We saw plans had been introduced to respond to emergencies. These plans provided guidance and information on the levels of support people would need to be evacuated from the home in an emergency situation. The information recorded was specific to individual's needs. Staff we spoke with were aware of the plans and the support individuals would need.

At the last inspection we found incident and accidents were recorded however they were not always fully monitored or reviewed. At this inspection we looked at records for people who used the service, we did not see any incident or accidents that had been documented. We spoke with the registered manager who told us how they would monitor and review incidents if they occurred in the future. The registered manager told us how they had introduced an audit of this area so that this could be recorded.

At this inspection we could not be sure people were safe. We asked to see how the provider carried out checks to ensure staff suitability to work within the home. During the inspection we were unable to review this information as the provider told us the records were with their accountant, we requested this information be sent to us the following day. Although this information was not received the following day as requested we are now in receipt of this. The provider was unable to provide details for a staff member working within the home and informed us they were to apply for a new check for this staff member. This meant we could not be sure all staff working within the home had suitable checks in place.

When individual risks had been identified to people, we saw risk assessments were in place and staff knew how to offer support. A staff member told us how one person was at risk whilst out in the community. They told us what action they would take to ensure they were safe. We looked at records for this person and saw this risk had been considered. This demonstrated staff had information to ensure risks to people were managed.

Staff knew how to recognise and report any abuse or concerns they may have. One member of staff told us, "It's looking after vulnerable people and reporting any concerns. The number is on the wall so I would call the safeguarding team if I was worried about anything". We saw there were procedures in place to report any concerns and when needed these procedures had been followed by the provider.

People told us and we saw there were enough staff available to meet people's needs. One person said, "The

staff are nice they help me. They are always here". People were supported whenever they requested assistance. They had activities planned for each day which included an outing of their choice. Staff and the registered manager confirmed there were enough staff available.

People told us their medicines were managed in a safe way. One person showed us how their medicines were stored in a locked cupboard in their bedroom. They said, "My tablets are in there, the staff give them to me each time I need them". We saw staff administered medicines to people. The staff asked people if they would like additional medicines for pain relief, asking the reason as to what it was for before administering. Records and our observations confirmed there were effective systems in place to store, administer and record medicines to ensure people were protected from the risks associated to them.

Is the service effective?

Our findings

At our last comprehensive inspection, improvements were needed to ensure the provider was working within the principles of The Mental Capacity Act 2005. This was a breach of regulation 11 and we rated this domain as requires improvement. At this inspection we found the provider had made the necessary improvements.

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 or themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We saw that all capacity assessments had been reviewed since the last inspection and were specific to the decision being made. We saw key areas were covered including medicines and personal care. We saw where medical interventions had been required evidence that this had been considered in the person's best interest was documented. The provider had applied for a DoLS for both the people living in the home; as this had not yet been approved, we saw that throughout people's documentation, this had been considered. The registered manager told us about some changes that were happening to the way the service was provided. They told us that an advocate would be involved to ensure that the people who lived there were involved with the decision making. A advocate is an independent person who supports people with making decisions that are important to them.

Staff received training and an induction that helped them to support people effectively. One staff member said, "I have done all my mandatory training including safeguarding". The staff member explained how they supported new staff as part of their induction. They said, "When someone new starts such as [name] I make sure I shadow them, so that I am always around. The people who live here have got to get to know them and build their trust before they can work with them alone. We do this for as long as it takes".

People were supported with eating and drinking and staff offered them choices. One person said, "I like chocolate on my porridge". Another person told us, "We say what we like to eat". We saw people were involved with weekly menu planning where their choices were considered. Records that we reviewed showed that consideration had been given to dietary adjustments to help people to maintain good health. We saw people were offered a choice at breakfast and were free to have a choice of drinks throughout the day.

People had access to health professionals. One person said, "I can go to the doctors if I am poorly". Records we looked at showed us people had access to other health professionals including the chiropodist. This meant that people were supported to access healthcare services to maintain good health.

Is the service caring?

Our findings

People told us they were happy with the staff. One person said, "I like the staff they are good to me, I have known them a long time". The atmosphere was relaxed and friendly. We saw staff laughing and joking with people.

People told us they made choices about their day. One person said, "I can go and listen to my music in my room or I can stay in the lounge, I can pick". We saw there was a weekly planner in place for each person. The staff told us that each week people would choose what they wanted to do for the week. People confirmed this to us. Records we looked at confirmed how people were involved with making choices.

People told us their privacy and dignity was promoted. One person told us, "I don't go in the room when [person] is getting dressed". Staff gave examples of how they promoted people's privacy and dignity and treated people with respect. One staff member said, "Shutting curtains for example, and due to the bathing arrangements we make sure the other person is not present". The two people who lived at Iona shared a bedroom. We saw that staff ensured each person had privacy when showering to ensure their dignity was promoted.

Staff told us how they supported people to be independent. One staff member said, "We just offer assistance, if people can do it for themselves we try to encourage them to do so". One person told us about the tasks they liked to do independently they said, "I lay the table and put my washing in the machine, I need help to press the buttons".

People were encouraged to keep in touch with people that mattered to them. People had photographs around the home of people that were important to them. We saw and people told us they would visit their relatives and talk to them on the telephone or visit them.

Is the service responsive?

Our findings

Staff knew people well. One person told us, "I have lived here nearly all my life, they know me". A staff member said, "We are like a family". Staff told us they would find out information about people from their care plans and risk assessments as well as working alongside the people. The records we looked at showed us that people's likes and dislikes were taken into account to ensure people received personalised care and support.

People were involved with reviewing their care. One person said, "That's my folder, it had my information in there, sometimes I read it with the staff". We saw it was documented how people's friends and families were involved with decisions that people made.

People were supported with leisure activities. One person said, "I like going out, I go shopping and to the pub". Staff members gave examples how they supported people with their hobbies and religion. One staff member said, "They like to go to church on a Sunday,, we used to go on the morning but it wasn't working, so we have changed this now and we go to the evening service which works out much better". We saw this information was documented in each person's care plan. This showed us, when needed; people were supported to pursue their hobbies and interests.

People told us they knew how to complain. One person explained, "I would tell [staff name] if I was unhappy about something". We saw the provider had a complaints policy. No complaints had been made. However staff and the manager explained what action they would take if a complaint was made.

Is the service well-led?

Our findings

At our last comprehensive inspection, improvements were needed because we had not been notified of important events within the home. This was a breach of regulation 18 of the registration requirements and we rated this domain as requires improvement. At this inspection we found the provider had made some improvements however further improvements were needed.

We reviewed records for both people living at Iona, we did not see anything documented that we should have been notified about and had not.

We cannot be assured the provider carried out suitable checks to ensure staff suitability to work with the home. Therefore the provider could not demonstrate to us that they followed robust recruitment procedures

People and staff told us they were happy with the support they received. One person said, "I love it here, I know who the manager is, I love them". Staff told us they received support from the management team. A member of staff said, "We have team meeting and supervisions, we can raise any concerns anytime and action is taken". We saw the previous rating for the service was displayed within the home in line with our requirements.

Quality checks were completed by the provider. These included checks of medicines. We saw these were completed monthly and when needed action had been taken. For example, it was identified that a medicines administration record had the incorrect date on. We saw pharmacy had been contacted and this had been rectified. This demonstrated when concerns were identified action was taken to bring about improvements.

Staff were happy to raise concerns and knew about the whistle blowing process. Whistle blowing is the process for raising concerns about poor practices. One member of staff said, "There is a policy in place and I would be supported with this". We saw there was a whistle blowing procedure in place. This showed us that staff were happy to raise concerns and were confident they would be supported and the concern addressed.