Innovations Wiltshire Limited

Innovations Wiltshire Limited - 20 Stratton Road

Inspection report

20 Stratton Road
Pewsey
Wiltshire
SN9 5DY

Tel: 01672564957

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

20 Stratton Road is a three bedded home located in the village of Pewsey. It is registered to provide personal care and support to three people with a learning disability and mental health needs.

The inspection took place over two days on the 3 and 4 February 2016. The inspection was unannounced. During our last inspection in October 2013 we found the provider had satisfied the legal requirements in all of the areas that we looked at.

The service had a registered manager; however they did not participate in the inspection as they were no longer in post for this service. The home manager was in the process to apply to be the registered manager and was responsible for the day to day running of the service.

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 supported by kind, caring staff that knew them well and understood their care and support needs. Relatives spoke positively about the care and support their family member received. People were involved in their support planning and were supported to take part in social activities both within the home and community.

People were supported to maintain relationships with people that mattered to them. Relatives were kept informed of their loved ones health and well-being and any changes in their needs.

Medicines were stored and administered safely. Where people managed their own medicines, risk assessments were in place.

People were kept safe by staff who recognised signs of potential harm or abuse and knew what to do when safeguarding concerns were raised. Staff felt confident concerns raised would be listened to and acted upon by the home manager.

People were supported to have sufficient to eat and drink and maintain a balanced diet that promoted healthy eating. People had access to dietary and nutritional specialists to help meet their assessed needs.

There were sufficient staff to meet people's needs. The registered manager and provider had systems in place to ensure safe recruitment practices were followed.

Staff and the home manager had an understanding of the Mental Capacity Act (2005). Staff were knowledgeable about the rights of people to make their own choices and decisions. This was reflected in the

way staff supported and encouraged people to make decisions when delivering care and support.

Staff understood their roles and responsibilities in relation to infection control and hygiene. During our inspection we saw the home was clean, tidy and free from odours.

The provider and home manager had systems in place to monitor the quality of service. Relatives of people using the service were encouraged to share their views on the care and support their family member received.

There were systems in place to respond to any emergencies. Staff had access to a 24 hour on call system to enable them to seek advice in an emergency.

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.

Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe.

People were supported by sufficient staff with the right skills and knowledge to meet their individual needs.

Medicines were managed appropriately by trained staff.

Is the service effective?

Good

The service was effective.

People were supported by staff who had access to a range of training to develop the skills and knowledge needed to meet people's needs.

Staff understood the requirements of the Mental Capacity Act 2005 and where required appropriate mental capacity assessments had been carried out.

People were supported to have enough to eat and drink. People were involved in meal choices and staff encouraged a healthy diet.

Is the service caring?

Good

The service was caring.

People felt listened to, respected and that their views were acted on.

Staff promoted people's independence and were knowledgeable about their individual needs.

Staff supported people to maintain important relationships with family and friends.

Is the service responsive?

Good

The service was responsive.

People were involved in their support planning, which was personalised and people were supported to follow their interests.

People's needs were reviewed regularly and as required. Where necessary health and social care professionals were involved.

There was a system in place to manage complaints. People and their relatives were regularly asked to provide feedback on the service their family member received.

Is the service well-led?

Good

The service was well-led.

There was a home manager who was responsible for the day-to-day running of the home.

The provider and home manager had quality assurance systems in place. Where audits had identified shortfalls action had been taken to resolve them.

The service had a clear set of values that included treating people with dignity and respecting and supporting people to be as independent as possible.

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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 3 and 4 February 2016 and was unannounced. One inspector carried out this inspection. During our last inspection in October 2013 we found the provider satisfied the legal requirements in the areas that we looked at.

Before the inspection we checked the information we held about the service and the service provider. This included statutory notifications sent to us about incidents and events that had occurred at the service. A notification is information about important events relating to the care they provide which the service is required to send to us by law. We also looked at previous inspection reports.

We used a number of different methods to help us understand the experiences of people who use the service. This included talking with the 3 people living at 20 Stratton Road and one of their relatives about their views on the quality of the care and support being provided. We also spoke to the home manager, three staff and a family friend.

We looked at records relating to people's care and support and the management of the service. We reviewed a range of documents which included three care and support plans and their associated risk assessments, health action plans (This holds information about the person's health needs, the professionals who support those needs, and their various appointments), staff training records, staff personnel files, policies and procedures and quality monitoring documents. We spoke to one health and social care professional.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home. Risk assessments were in place to support people to be as independent as possible. These protected people and supported them to maintain their freedom. For example people told us they could go out unsupervised when they wished to do so, but support from staff was there if needed.

People were also supported to take risks to retain their independence whilst any known hazards were minimised to prevent harm. One person loved cooking, but a risk of harm was identified when using knives. Staff still encouraged the person to cook, but ensured that the individual was not left with knives.

People were protected against the risk of potential harm and abuse. Staff were trained in safeguarding vulnerable adults and were aware of the different types of abuse people may experience. Staff knew who they should report any concerns to and what actions they should take should they suspect abuse had taken place. Staff were confident that any concerns raised would be listened to and acted upon.

Medicines were stored and administered safely. We identified one recording error, which the home manager corrected immediately. The home manager had put actions in place to ensure this did not happen again. Some people were able to self-administer their medicines with the support from staff. Risk assessments were in place for self- administering of medicines and only one week supply of medicines were kept at a time. People understood the reason and purpose of the medicines they were given. For example one person would discuss with staff when they felt some of their medicines were not effective anymore and felt it needed reviewing.

There were arrangements in place to keep people safe in an emergency and staff understood these and knew where to access the information. Fire risk assessment and evacuation plans were in place and people told us they had regular fire drills. Staff told us there was also an on-call system out of hours and a manager was always available in case of an emergency. On the day of the inspection, staff told us they were informed of a water cut that day and therefore ensured there was bottled water for people to use.

People were supported by sufficient staff with the right skills and knowledge to meet their individual needs. Staff told us that people in the home were independent and one member of staff on duty was sufficient to meet their needs. Staff understood their roles and responsibilities in relation to infection control and hygiene. During our inspection we saw the home was clean, tidy and free from odours.

Staff kept daily care records and communicated any changes in people's needs, or concerns about care provision to each other. This was done for example, using daily 'handover' meetings where information was shared and recorded between staff. This meant that people's well-being and safety were promoted because staff members were usually quickly aware of any issues or changes in relation to providing care.

The service followed safe recruitment practices. Staff files included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring

Service (criminal records check) to make sure people were suitable to work with vulnerable adults.

Good

Is the service effective?

Our findings

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 needs. For example the home manager told us one person had a temporal lobe brain injury, which was identified as a training need for staff to ensure they were able to support the person's needs. New staff were supported to complete an induction programme before working on their own. They told us they were in the process of receiving mandatory training such as safeguarding adults, mental capacity, fire safety and infection control. They would be shadowing another experienced member of staff for two weeks before commencing work on their own. New staff were signed up for the Care certificate (set of standards that health and social care workers adhere to in their daily working life).

Staff told us they received supervision (one-to-one meeting) with their manager, but this could be more frequent. One member of staff told us they hadn't had formal supervision for five months, however they did have the opportunity to have discussions with their manager or other staff on a daily basis. The home manager told us supervisions and appraisals of staff are areas they wished to improve.

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 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).

People told us they were always involved in decision making about their daily living. We observed people sitting around the kitchen table with staff to discuss what they wanted to do later that day. Staff told us they promoted people's independence and choice, for example where people were receiving one-to-one mentoring; they would be asked "What do you want me to do today?" Staff also told us they would seek consent for sharing information with others and we saw evidence of people giving consent to their care and treatment, recorded in their care files. The home manager had completed the screening tool for DoLS and no one living at 20 Stratton Road needed authorisation for a DoLS. However, where some restrictions were in place, for example supervision when using knives, the person was able to consent to this. Where people lacked capacity to manage their finances, we saw relevant mental capacity assessments in place and evidence of legal representatives supporting people with their finances, such as Court of Protection or a Lasting Power of Attorney for finances.

People had access to health and social care professionals. Records confirmed people had access to a doctor, dentist and optician where required and were supported to attend appointments. Care plans were in place and these were regularly reviewed. 'Health action plans' were in place to help people understand and make health decisions where possible. Also 'hospital passports' were in place so that people's health

information could be appropriately and quickly shared as necessary. A health and social care professional we spoke to said staff were very proactive in referring to the relevant health and social care professional.

People's dietary needs and preferences were documented and known by staff. People were supported to make choices about what they had to eat and drink. People told us they discussed menu choices once a week and was also encouraged by staff to search for new recipes online. Where people had special dietary requirements such as a gluten free diet, they had access to gluten free alternatives. For example people told us they were having breaded chicken for dinner and that they had to make special breadcrumbs for the person with the gluten intolerance. We observed people making drinks in the kitchen and also offering to make drinks for others. Staff told us they spoke to people about portion control and encouraged healthy eating.

Good

Is the service caring?

Our findings

People received care and support from staff that had got to know them well. The relationships between staff and people receiving support demonstrated dignity and respect at all times. One member of the management team said "Staff do very well. They are professional and very respectful of people's privacy." Another comment stated "Staff are quick to identify any concerns and act upon it." People were verbally able to make their needs and views known, however staff told us they would recognise a change in people's mental health as they knew what signs to look for.

People appeared very relaxed and comfortable around staff. We observed people talking to and laughing with staff. One person was happy to show us around the home and told us how happy they were living there. People's bedrooms were personalised and decorated to their taste. The home was spacious and allowed people to spend time on their own if they wished. People were very much in control of things they wanted to do, but staff were there to support if needed.

People told us staff spoke to them in a caring manner and treated them kindly. One relative we spoke to said "The house is always very welcoming."

People's records included information about their personal circumstances and how they wished to be supported. For example staff told us people could do as much as they wanted to. Some people had a set routine of going out to their chosen activity and others needed encouragement to take part in activities. A family friend of one of the people told us staff were very good in supporting the person to maintain their relationship with their mother. Staff were proactive in arranging visits and phone calls, for example for Mother's day, staff supported the person to take his mother out for lunch.

Staff knew people well. One staff member explained about a person who was anxious about where the staff room was at night time. Staff would leave a note on the kitchen table to remind the person when they got up at night.

People had access to local advocacy services although staff told us that no one was currently using this service. Where needed family members had been involved to speak on behalf of people or assist them to share their views.

Good

Is the service responsive?

Our findings

People were involved in developing their care, support and treatment plans. Care plans were personalised and detailed daily routines specific to each person. We saw evidence in people's care records that care plans were reviewed and that people and their relatives were involved. Speaking with staff they were able to explain what was important to people, for example for one person it was important to maintain their relationship with their children. The person was supported to visit them regularly. Another person wanted to get a new carpet for his Mother. The person told us staff would be accompanying him and his Mother to choose the carpet.

Care plans included information that enabled the staff to monitor the well-being of the person. Where a person's mental health had changed it was evident staff worked with other professionals, for example Psychiatry or the Community Mental Health Team. The home manager also told us they could arrange one-to-one sessions with people if a specific concern was identified, for example building confidence or managing anxieties. A mental health professional we spoke to said "I have worked with all three people and in my opinion they are a success story, considering some have been in hospital for 20 years and was now living back in the community".

People were empowered to make choices and have as much control and independence as possible. Staff told us it was important not to force people to do certain things, but to expand their choices and respect their decisions. The home manager told us people and staff had the opportunity to discuss concerns or ideas at house meetings. People felt involved in the house, for example they would make decisions together about the menu and shopping list. People were also given responsibility for some of the household tasks.

Handover between staff at the start of each shift ensured that important information was shared, acted upon where necessary and recorded to ensure people's progress was monitored. For example any change in medication, appointments or concerns would be communicated and recorded.

People had a range of activities they could be involved in. People were able to choose what activities they took part in and suggest other activities they would like to complete. People told us which activities they enjoyed doing, for example one person regularly went to the local pub to play pool with a friend and another person enjoyed shopping and would get the train to Reading. Where a person had a specific interest or work opportunity, they were supported to pursue this, for example creating ceramics or doing voluntary work. On the day of the inspection, one person told us they were going bowling with a member of staff later that day. People told us they went out when they wanted to.

The home manager told us complaints and concerns were taken seriously and used as an opportunity to improve the service. People had an opportunity to raise their concerns in house meetings or the monthly customer satisfaction questionnaire. People told us they felt comfortable to raise any concerns with staff. Staff spoke with relatives on a regular basis and encouraged any feedback. There had been no complaints since our last inspection.

Good

Is the service well-led?

Our findings

The service had a registered manager who worked closely with the home manager, however the home manager was responsible for the day-to-day running of the home and was in the process of applying to be the registered manager. The registered manager did not take part in this inspection.

The home manager told us they felt passionate about the service and enjoyed working with the people and staff. The home manager explained that they had some challenges to balance the independence and autonomy of the people using the service and their relatives' expectations of the service. The management team ensured the service's vision was shared with staff at house meetings, but also during the Induction period for new staff. Staff told us they felt supported by the manager and had regular discussions with the manager about any ideas or concerns they had as the manager was in and out of the house on a daily basis.

People's views on the care and support they received were sought. People using the service attended weekly house meetings where they could discuss activities they wished to take part in and any suggestions or concerns they wished to raise. Monthly quality checks for people using the service were also completed, for example checking if people were happy with staff and if they were treated with dignity and respect.

The provider had systems in place to monitor the quality of the service. These included monthly audits for example maintenance of the house, infection control and the administration of medicines. Relatives had an opportunity to complete a quality assurance questionnaire annually. Some comments included "Sharing of information needs improvement" and "Believe you provide a very good service, my son has never been happier since living in Pewsey and has lived in many other places providing care." The management team told us they analyse these comments and as an action from comments, were looking into setting up a Newsletter to improve the sharing of information with relatives about the service.

Staff were supported to question practice. The provider had a whistleblowing policy. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. Staff told us they felt that if they did raise a concern they would be listened to and they would be taken seriously. They felt the home manager would also take action to resolve their concerns. Staff knowledge about certain topics such as the Mental Capacity Act and safeguarding adults were regularly tested, which helped management to identify learning needs and improve staff practice.

Policies and procedures were in place. The management team were in the process of transferring all policies and procedures to a central server online, which could easily be accessed by staff for updates or changes.