

Individual Care Services

Individual Care Services - 2 Laurel Drive

Inspection report

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Ratings

| | |
|---------------------------------|--------|
| Overall rating for this service | Good ● |
| Is the service safe? | Good ● |
| Is the service well-led? | Good ● |

Summary of findings

Overall summary

About the service

2 Laurel Drive is a residential home, providing care and accommodation for up to five people. It provides care to people living with a learning disability and other support needs including physical disabilities. At the time of our inspection visit four people lived at the home.

People's experience of using this service and what we found

People were supported safely and in a timely way. Most staff had completed the training they needed and had the skills and experience to support people safely. A few staff were still in the process of completing training. Some staff told us they had not taken part in fire drills. Immediate action was taken on this by the head of service.

There were sufficient numbers of staff on shift and staff had enough time to read people's plans of care and understand any risks to their health and how to manage them.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff spoke positively about the new manager who had applied to become registered with us. The manager had undertaken audits which had identified some areas for improvement which they planned to work on. This included ensuring risk assessments were person centred.

Relatives had not always felt as involved as they wished to be in their loved ones' care. However, COVID-19 restrictions had meant the manager had not always been able to meet relatives face to face. Plans were now in place for increased relative involvement as COVID-19 restrictions eased.

Immediate action had been taken by the provider following us contacting them prior to our visit to ensure risk management related to COVID-19 infection prevention and agency staff was implemented. During our visit, we undertook an 'infection prevention control' audit. We found the provider was now consistently following government guidelines. Risks related to Covid-19 were now consistently well managed.

People were supported with their medicines as prescribed by trained staff.

Rating at last inspection

The last rating for this service was Good. (Report published 6 December 2018).

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Why we inspected

We undertook this focused inspection because emerging risks had been identified by us and other professional bodies related to another of this provider's locations. We also had information of concern about some infection prevention measures at the home. As a result, we undertook a focused inspection to review the key questions of Safe and Well Led only.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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.

Details are in our Safe findings below.

Is the service well-led?

Good ●

The service was Well Led.

Details are in our Well Led findings below.

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Detailed findings

Background to this inspection

The 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 was 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.

Inspection team

The inspection was carried out by three inspectors. Two inspectors visited the home. One inspector gathered information from the head of service via telephone conversations and email and spoke with staff and relatives over the telephone.

Service and service type

Laurel Drive is a 'care home'. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

Our inspection was announced. We gave the provider 24 hours' notice of our visit because the service was inspected during the coronavirus pandemic and we wanted to be sure we were informed of the service's coronavirus risk assessment for visiting healthcare professionals before we entered the building.

What we did before the inspection

We reviewed the information we had received about the services. We used all this information to plan our

inspection.

During the inspection

During our on-site visit to the service, we observed staff interactions with people and spoke with the head of service, home manager and members of care staff on shift. We reviewed two people's care plans, risk management and medicine records in detail. We looked at a sample of records relating to the management of the service, policies and procedures and a sample of completed audits and checks.

During our off-site work we spoke with two people's relatives and two staff. We also had conversations with the head of service, regional manager and home manager.

After the inspection

We reviewed additional documentation we had requested from the provider.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated Requires Improvement. At this inspection this key question had improved to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- At our last inspection, we found improvements were needed in relation to fire safety. At this inspection, we found improvements had been made and sustained.
- Staff were able to tell us about people's Personal Emergency Evacuation Plans (PEEPS) and most staff had completed fire safety training. However, not all staff had taken part in a fire drill. The head of service assured us this would be addressed immediately.
- Risks to people's health and wellbeing had been identified and actions put in place to minimise those risks. Risk management plans guided staff on how to provide safe care in areas such as eating and drinking, moving and transferring people and continence care.
- Staff worked safely with people. We saw staff supporting a person to mobilise and transfer in accordance with their plan of care.
- Some risk assessments were generic, but the manager had already identified this as an area for improvement. They expressed a wish to work with people and those closest to them to ensure all risks were managed in a person-centred way.
- The manager accessed advice from other healthcare professionals to support them in managing risks. Advice from other healthcare professionals was recorded in detail to inform plans to maintain people's safety.
- Staff shared information with the manager who maintained oversight of the management of risks within the service.
- Staff told us they felt the manager, since they had started at the service, had made improvements related to people's risk management.

Staffing and recruitment

- Staffing levels ensured people received the support they required safely and at the time they needed. However, staff vacancies meant some shifts had to be covered by agency staff.
- Whilst staff felt there were sufficient staff on shift, some staff felt rota planning could be improved on, especially at weekends. Staff felt it did not give people consistency of care, for example, when a shift was predominantly covered by agency staff. The manager assured us they continued to seek to fill vacancies so they would not require agency staff.
- The provider's recruitment process included checking potential staff's suitability to work with vulnerable people.

Systems and processes to safeguard people from the risk of abuse

- Information about safeguarding was displayed within the office; this provided staff with guidance about escalating safeguarding concerns outside the provider organisation.

- Staff told us they would immediately report any concerns they had to the manager and felt assured she would act on these. One staff member told us, "People are given very good care here, they are well looked after. I have never seen anything of concern."

Preventing and controlling infection

- Prior to our inspection, the regional manager confirmed to us that risk management related to COVID-19 infection prevention and agency staff working at the home was not robust. The provider's policies had not required agency staff to have checks before commencing their shift. Following our discussion of this, immediate improvement was made and checks and record keeping implemented, which we saw was in place during our site visit.
- The home was clean and tidy and there were no unpleasant odours.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was admitting people safely to the service.
- We assured the provider was meeting social distancing rules.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was using PPE effectively and safely. Staff understood the importance of using face masks, gloves and aprons to reduce risks of cross contamination. Staff had been trained in COVID-19 and understood the importance of following agreed protocols to prevent the spread of COVID-19.

Using medicines safely

- Medicine administration records (MARs) had been completed accurately to show people had received their medicines as prescribed.
- Detailed guidance was available to inform staff when they should give 'as required' medicine in line with national guidance for these medicines. Guidance is important to ensure these medicines are administered consistently and as prescribed.
- Staff did not always record the temperature of the medicine cupboard or medication fridge. The manager assured us they would address this with staff and undertake checks to make sure these were completed as required.
- The manager carried out regular checks of medicines including administration and ordering.

Learning lessons when things go wrong

- There had been very few accidents or incidents. The manager told us if anything was to happen, then learning would be taken from it to prevent reoccurrence.
- Learning had been taken from a recent inspection of another service within the provider group to inform improvements at 2 Laurel Drive.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated Good. At this inspection this key question has remained the same. This meant the service was well managed and well led. Leaders and the culture they created promoted high-quality, person centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- There was no registered manager in place at the time of our inspection. A new manager had been appointed and applied to become registered with us.
- The manager was enthusiastic to provide safe care that was centred on people's individual needs and resulted in good outcomes for them.
- The manager had 'buddied' with another manager within the provider group to share learning and ensure consistency of managerial oversight of the service in their absence.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider did not have a robust system of the reporting of serious incidents. Incidents had not always been reported to us in a timely way. Prior to our inspection, we had a telephone conversation with the head of service to remind them of the requirement to tell us about specific incidents within services, and they assured us they now understood their responsibility to report important events to relevant agencies, including the Care Quality Commission (CQC). The head of service told us lessons had been learned and a robust system was being introduced to ensure timely reporting.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Relatives told us they felt the new home manager had not consistently involved, or listened, to them in the care and support of their relation. The home manager recognised that due to COVID-19 restrictions and numerous management changes at the home, had hindered face to face meetings and building relationships.
- The manager was keen to establish good relationships with relatives so they could work in partnership to ensure people received safe and effective care and that decisions were made in people's best interests.
- The manager told us they had recently met with relatives to involve them in care reviews and planned for further meetings as COVID-19 restrictions eased.

Working in partnership with others

- Staff worked with other agencies to improve people's experience of care. These included health and social care professionals.

