Innovations Wiltshire Limited

50 Broadfields

Inspection report

50 Broadfields
Pewsey
Wiltshire
SN9 5DU

Date of inspection visit:
10 October 2018
11 October 2018

Date of publication:
15 November 2018

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

This inspection was announced and took place on 10 and 11 October 2018. 50 Broadfields is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. This was the service's first inspection since registration.

50 Broadfields is a small residential home for two people. The home was a detached bungalow with a garden. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a registered manager in post. 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 received their medicines as prescribed however improvement was required to make sure medicines were stored safely and signed in accurately. There were detailed medicines profiles recording all medicines prescribed and reasons for prescribing. Staff had 'as required' (PRN) protocols in place to guide them on when to administer this type of medicine.

Recruitment required improvement to ensure that a full employment history was always obtained and any gaps in employment explored. There were sufficient numbers of staff deployed.

Quality monitoring systems were not robust as the provider did not have oversight of improvement required. Accidents and incidents had not been analysed to identify patterns or trends. People's feedback had been sought but the provider had not used it to evaluate and make improvements.

Where risks had been identified there were risk management plans in place which were reviewed regularly. Care plans were person-centred and reviewed regularly. People's health needs were assessed and support given to access healthcare professionals.

People received care and support from staff who had the skills needed. Staff had been trained and had been able to have formal supervision. Whilst staff felt supported we have made a recommendation about the recording of staff supervision.

People knew how to complain if needed. People were involved in planning their own care and support. They were supported to develop and maintain independence and access their local community when they wished.

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff had been trained and understood the general requirements of the Mental Capacity Act (2005).

The premises were adapted to meet people's needs and kept very clean. Staff were aware of how to reduce the risks of infection and cross contamination. People had their own rooms and had been encouraged to personalise them.

Staff knew people well, we observed positive interactions between people and staff. People told us they liked living at the service and they could have visitors when they wished. Staff promoted people's privacy and dignity and respected people's rights.

There was an open and positive culture at the service. Staff enjoyed working for the provider and felt valued.

We have found one breach of the Regulations. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Medicines were not always managed safely.

Recruitment was not always safe. Not all pre-employment checks had been completed.

Incident forms had been completed following any incident or accident, however lessons had not been learned to prevent re-occurrence.

Risks had been identified and management plans were in place.

Staff were aware of the different types of abuse and how to report any concerns.

The home was clean and well maintained.

Is the service effective?

Good

The service was effective.

People's needs had been assessed and their health was monitored. Referrals to professionals were timely.

Nutritional needs were met, there was sufficient food and drink available.

People were supported by staff who were trained and received supervision.

The service worked within the principles of the Mental Capacity Act (2005).

People lived in an environment that had been adapted to meet their needs.

Is the service caring?

Good

The service was caring.

People were supported by a team of staff that were caring. People were treated with respect and involved in their care.

Privacy and dignity was promoted.

People were supported to maintain relationships that were important to them.

Is the service responsive?

Good

The service was responsive.

People had their own care and support plan which detailed their individual needs.

People were supported to lead their own lives, to access the community and attend day services.

There was a complaints procedure in place which was also available in an easy read and pictorial format.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Quality monitoring systems were not robust.

The provider had sought feedback from people but had not used it to develop or improve the service.

Staff morale was good, they enjoyed working at the service and for the provider.

The service worked in partnership with various agencies.

50 Broadfields

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 10 and 11 October 2018 and was announced. We gave the service 24 hours' notice of the inspection visit. We gave this notice because, due to the size of the service, we wanted to be sure the registered manager would be available. We also wanted to cause minimal disruption to people living at the home. The inspection was carried out by one inspector.

We looked at the information that we hold about the service prior to our inspection. We asked the provider to complete a Provider Information return. This is a form that asks the provider to give us some key information about the service, what the service does well and any improvements they plan to make.

During the inspection we spoke with the two people living at the service, the development director, registered manager and four members of staff. Following our site visit we spoke with one relative. We also contacted six healthcare professionals for their feedback about the service, three responded.

We looked at two care and support plans, risk assessments, medicines administration records, three staff recruitment files, quality assurance audits and other records relating to the management of the service.

Requires Improvement

Is the service safe?

Our findings

Procedures were in place to check the suitability of staff prior to starting work at the service. The provider obtained references, proof of identity and completed a Disclosure and Barring Service (DBS) check. The DBS carry out a criminal record and barring check on people who have made an application to work with adults. This helps employers to make safer recruiting decisions and helps prevent unsuitable staff from working with people. The provider had not always obtained a full employment history or explored gaps in employment. We discussed this with the registered manager who told us they would address this without delay. They told us they were aware that a full employment history was required.

Medicines were not always managed safely. People received their medicines as prescribed however they were not stored safely. The service was not checking the temperature of the rooms where medicines were stored. During our inspection one room was very warm, we were not able to check the temperature as there was no thermometer available. A member of staff told us the room had underfloor heating which did make it warm. Some medicines are not as effective if they are stored over 25 degrees Celsius. Staff checked and recorded the amount of medicines received into the service. However, we found one medicine that had not being counted and checked. We asked a member of staff why this was. They told us it was because the medicine came from the hospital not the pharmacy. Staff took action during our inspection to remedy this shortfall. The National Institute for Health and Care Excellence (NICE) state that 'Medicines delivered to the care home should be checked against a record of the order to make sure that all medicines ordered have been prescribed and supplied correctly'. This practice reduces the risks of errors.

The service used a 'dosing' system supplied by the pharmacist. This meant the medicines came ready prepared in individual pots. Staff supported people to take their medicines and signed medicines administration records (MAR) once taken. There were detailed medicines profiles in place which gave staff guidance on what medicines were prescribed, the reasons they were prescribed and possible side effects to look for. Medicines that were prescribed 'as required' (PRN) had detailed PRN protocols in place to give staff detail on when to administer this type of medicines. Stocks of PRN medicines were checked by staff, we checked some medicines and found the stock balances to be accurate.

People's MAR had all the information required for staff to know what medicine to give and when and there were no gaps in recording. People's medicines were being monitored and reviewed by healthcare professionals.

People were protected from identified risks to their safety. There were individual risk assessments in place that gave staff guidance on action to take to keep people safe. These were written to support people's rights to make their own choices but minimised the risks. We observed that staff followed guidance recorded in the risk management plans.

Where people may experience distress and exhibit behaviour that could cause concern there were detailed behaviour support plans in place. Staff had clear strategies in place to encourage them to follow a consistent approach. We were concerned that staff had not always followed the strategies which had led to

further incidents. Incident forms had been completed following incidents or accidents. We reviewed some incident forms and found that staff had not always taken the action recorded in the person's behaviour support plan. We discussed this with the registered manager who told us they would make sure incident forms were reviewed to ensure lessons could be learned. We have reported on this in more detail in the well-led section of this report.

People, staff, relatives and healthcare professionals all told us they felt the service was safe. Comments included "I feel safe here, I get on well with [person]", "I love it here and feel very safe" and "The staffing levels appear to be at a safe level."

There were sufficient numbers of staff deployed. People and staff told us there was always enough staff on duty, if needed the service used agency staff. If agency staff were used they always worked with a permanent member of staff who knew the people and the safe systems of work. There was a lone working policy and procedures in place and a duty manager was always 'on call'. Staff always had access to a senior member of staff if they needed support.

Staff had received training on safeguarding people. Staff we spoke with knew the different types of abuse and what signs to look for. All were confident that if reported the appropriate action would be taken. Staff were aware of the whistleblowing policy and told us they would not hesitate to report their concerns outside of the service. Whistleblowing is a process where staff report any suspected wrongdoing at work.

People were protected from the risks of cross infection. The service was very clean in all areas with no odours. A healthcare professional told us they found the service to be "spotlessly clean" and another told us it was always "extremely clean". Staff had received training on infection prevention and control and food hygiene. We observed they used personal protective equipment appropriately and washed their hands when needed.

Staff checked the fire systems regularly and there was an emergency plan in place to evacuate people in the event of an emergency. Staff received fire training and had practiced fire drills. There was a fire risk assessment in place which had been prepared by the provider's health and safety director. There were contingency plans which informed staff what to do in the event of emergencies such as adverse weather and electricity failure.

Good

Is the service effective?

Our findings

Comments received about the staff told us they were trained. Comments included, "I think they [staff] are trained", "I have confidence in their [staff]'s ability to deal with a crisis" and "The staff know how to support me, they know what they are doing."

People were supported by staff who had the skills to meet their needs. The provider had a range of training available to staff so they could carry out their role effectively. Staff had completed training such as moving and handling, autism awareness, epilepsy awareness and first aid. Epilepsy awareness training had been provided by a local healthcare professional. Staff told us they felt competent in their role and could ask for further training if they felt they needed it. One member of staff told us, "We have good training, one course on behaviour really made me re-consider how I work." New staff completed an induction and were observed to make sure they were competent. All staff completed a house induction where they were introduced to the people living there and given time to read the care plans.

Staff had access to supervision and told us they felt this process was supportive and helpful. Supervision is a process where staff can meet with their supervisor and discuss concerns, training required or development opportunities. One member of staff told us, "I have supervision and feel well supported, I can ring [registered manager] at any time." Whilst staff told us they had opportunity to access supervision and felt supported records did not demonstrate meetings were held regularly. We discussed this with the registered manager who told us they recognised the service could improve on capturing all the opportunities staff had for supervision. We recommend the service seeks advice and guidance on how to capture all opportunities for formal supervisions.

People's needs had been assessed and the information used to produce the care and support plans. Prior to moving to the service staff had worked with people in their previous environments. They had taken time to visit people every week, getting to know them and finding out what their needs were. One member of staff told us how they had visited people prior to them moving in. They made sure they were working on the day people moved in so that people would be familiar with the staff on duty. The member of staff told us this helped to reduce people's anxieties about moving to a different service. A healthcare professional told us, "For the year prior to [person]'s move Innovations Wiltshire were fully engaged in transition work and the organisation's commitment to 'getting the service right' for [person] couldn't be faulted."

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. We found the service was working within the principles of the MCA. Staff had received training on the MCA and could tell us how it applied to their day to day work.

People can only be deprived of their liberty so that they receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes are

called the Deprivation of Liberty Safeguards (DoLS). People did not require a DoLS authorisation at this time, however the registered manager told us they would apply if needs changed.

People had good access to healthcare professionals when they needed and we saw that referrals were timely. Due to the complex needs of the people living at the service the referrals made had been to a wide range of professionals. Records demonstrated that professionals had visited people regularly. People had health action plans in place which had been produced by a healthcare professional. These were personalised and reviewed annually when people had their annual health check. Hospital passports were used to help professionals understand important needs in the event of an admission to hospital. For example, communication needs were recorded so that hospital staff would know how to communicate effectively.

Staff used handover sheets to record key information to share with each other. This included any visitors to the service, appointments attended and any incidents. This made sure staff were communicating with each other to provide consistent support.

There was sufficient food and drink available. People could access food and drink whenever they wanted and choose their own meals. Staff encouraged people to eat healthily but told us people had what they wanted which might not always be a healthy option. Staff monitored people's weights, there had been no concerns identified.

The environment was homely and had been adapted by the provider. The staff had involved people in choosing furniture and decorating prior to moving in. The home was a bungalow made up of two self-contained flats. Each person had their own room which was en-suite, lounge and kitchen. There was a communal dining area. We saw there was easy access to a garden area which people enjoyed using. There was a decking area with garden furniture available for both people to use. A healthcare professional told us, "The provider worked closely over the year prior to [person]'s move to ensure that all the occupational therapists advised environmental requirements were met to be able to support [person]."

Good

Is the service caring?

Our findings

Comments received about the staff at the service told us staff were kind and caring. Comments included, "Staff are caring, I respect them, they respect me", "Staff are lovely, they are very kind", "The staff are very caring about the needs of their clients" and "The staff are warm and welcoming." People told us they liked living at the service. Comments included, "I love it here, I love living in Pewsey it is so quiet" and "I like living here it is a lovely place."

Staff had access to a pen picture in the person's care plan, this gave them a summary of people's needs. It also included information on the person's background and life history. This information helped to give staff an understanding of who people were, what their significant life events had been and what was important to them.

We observed people and staff interacting and communicating with each other. We could see staff knew people well, people appeared comfortable with staff and approached them for assistance. Interactions we observed were kind and caring. Staff were relaxed around people who in turn were relaxed, this created a friendly atmosphere. A healthcare professional told us, "The staff team are extremely person-centred and they are a very stable staff team which helps to deliver consistent care."

People's rights to privacy and dignity were promoted. The staff had referred when writing people's care plans to respecting and promoting people's privacy and dignity. We observed staff kept confidential records secure and checked with people first before going into their rooms. When people had appointments with healthcare professionals they made the decision whether they wanted staff to attend. We saw records demonstrated that people often met with healthcare professionals in private. Staff gave us examples of how they promoted privacy and dignity. One member of staff told us, "I always knock the door and ask before I go in a room, I always stand outside a bathroom door to give people privacy."

Care plans demonstrated people had been involved in how they wanted their care and support to be provided. People had signed their care plans and consented to living at the service. Independence was promoted as people were encouraged to do as much for themselves as possible. One person had developed their confidence with staff support to travel into town to visit friends or family independently. Staff told us they were working to build on this but at the person's own pace.

People were involved in doing shopping for the home. People told us they often shopped online and could choose what they wanted. There were opportunities for people to meet with each other and discuss their well-being. One member of staff told us they encouraged people to sit together for their evening meal. They used this time to find out how people were and what they had been doing that day.

People were supported to maintain relationships that were important to them. Relatives and friends were welcome to visit anytime. Staff also supported people to visit their relatives when they wanted to. People had made friends in the local area and were able to maintain those friendships with support from staff.

People had been encouraged to personalise their own rooms. They had chosen colour schemes and been able to put up their own pictures and other items that were important to them. During our inspection we were able to see people's rooms, they were pleased to show us around them and clearly proud of how they had been decorated and organised.

If people needed an advocate the service had an advocacy policy with details available of a local advocacy service. This was not needed at the time of our inspection.

Good

Is the service responsive?

Our findings

People's individual preferences were understood by staff. People had care and support plans in place that were personalised and gave staff guidance on how to give support. Some staff had been working at the service since it opened so knew the people living there very well. A healthcare professional told us, "The care plans are meticulously followed and the staff team performance cannot be faulted."

Care and support plans recorded a range of needs which had been assessed. Where people had specific health needs such as epilepsy there were personalised epilepsy profiles in place. These gave staff clear detail on the person's seizure, what to do during a seizure and when to call for an ambulance. The provider used positive intervention plans which gave staff strategies to follow to support people's mental health needs. The provider encouraged staff to promote people's human rights at all times and provide support that was ethical. For example, any actions that could be considered restrictive were only used as a last resort and with support from the registered manager.

People had been involved in reviews of their support plan and changes had been made when needed. The registered manager told us that the care and support plans were evolving as the service got to know people. People could access their care plan whenever they wished and they had signed it to agree the content. The service kept relatives up to date with any changes.

The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The service met this standard. There were communications protocols in people's plans which identified needs and gave staff guidance on methods to use to support communication. The service used pictorial information within people's care and support plan to support decision making.

People had been supported to move into the service and settle into lives that suited them. Staff were available to support participation in activities or to access the local community. There was opportunity to attend the provider's day service nearby. One person told us, "I like going to the centre and to the pub on a Friday to play pool." Another person told us they enjoyed meeting up with their friends. There were good local transport links which people used and staff had access to 'pool cars' which enabled people to access the community. Encouragement was given for people to develop independent living skills such as managing their finances.

There was a complaints policy in place but the service had not received any formal complaints. People and relatives knew how to complain if they wanted to. The provider had produced an easy read complaints procedure that was available to people.

The service was not providing end of life care at the time of our inspection. People had been given the opportunity to record their wishes for end of life which was kept in their care plan. The registered manager told us as the service was new staff were still getting to know people. Further discussion around end of life care would happen as relationships developed.

Requires Improvement

Is the service well-led?

Our findings

The service had sought feedback from people living at the service. Monthly quality checks were completed with people seeking their views on how the service was supporting them. The feedback had been sought but there was no action plan produced. We were not able to see that people's comments had been used to make any changes or improvements. One person had stated in their responses in July and September 2018 that they would like to go out more. There was no action recorded in response and no evidence that this request had been considered. A member of staff had recorded next to the comment on one form that the person attended the day service five days a week. Another person had repeatedly stated the food could be of variable quality depending on what staff were cooking. The person had given the same comments in four monthly quality checks. There was no action plan in response to these comments. We discussed this with the registered manager who agreed an action plan was needed to record how the service would respond to people's feedback.

Quality monitoring systems were not robust. There were systems in place to monitor the quality and safety at the service but they had not always generated an action plan. This meant there was no oversight of action taken to make any improvements required. Staff regularly checked safety systems at the service. We saw in September 2018 an emergency light in the staff room didn't work when tested. There was no action recorded. A monthly environment audit identified that guttering was broken, but there was no action recorded to demonstrate this had been fixed and when.

A 'managers monthly audit tool' was used but whilst completed every month these had generated no action for improvement. Any incidents and accidents at the service were recorded on the managers monthly audit tool. We saw they were not analysed in any way to identify trends or learning points. For example, during July 2018 there had been eight incidents recorded of behaviour that could cause concern. The response to these incidents was to 'monitor and record'. We discussed this with the registered manager. We identified that some of the incidents may have been avoided by a different staff approach. The registered manager told us they would review their systems so that analysis of incident forms could be used to make improvements.

Some incidents had occurred which could impact on staff well-being. Whilst action was taken to address the immediate risk, there was no evidence to demonstrate the provider had taken action to mitigate further risks to welfare. For example, an incident had occurred where a member of staff had been abused. Immediate action had been taken but the further action was for staff to 'monitor and record'. The provider had not made sure the member of staff's well-being was supported. Another incident had occurred where staff had been punched by a person. The provider had ensured the immediate risk was addressed but we did not see evidence that ongoing risks to welfare had been considered. We discussed this with the registered manager who agreed incidents of abuse experienced by staff required further support.

One medicines audit had been completed. It had identified that there was some improvement required around the management of medicines. For example, it identified that temperatures needed to be taken in the rooms where medicines were stored. It also identified that there were some objects such as razors that

were being stored in medicines cabinets that needed to be removed. There was an action plan produced and it stated the required action would be completed by the 1 October 2018. The action had not been completed.

All the above areas are a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Good Governance.

There was a registered manager in post. 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 registered manager was also the provider's managing director so was not at 50 Broadfields day to day. Whilst they maintained contact with people, relatives and staff the service was managed by a house manager. The house manager worked at the service most days and was available to help our inspection. They told us they could contact the registered manager at any time.

There was a positive and open culture at the service. Staff had the opportunity to attend team meetings and voice their views and opinions. Minutes were kept recording the discussions. Staff we spoke with enjoyed working for the provider. They felt supported and valued. One member of staff told us, "They [the provider] always ask us for new ideas, we can try new things, we can discuss anything, we all work as a team." Another member of staff told us, "I love it here it is amazing, they [the provider] have been so good to me and supportive." Staff appreciated the support they had from their colleagues. One member of staff told us, "We are a family at Innovations, all of us together make a good team, I have good support from my colleagues, we are amazing."

There were links with the local community. People accessed local services and shops and were involved in community events such as the local carnival. The provider told us they sponsored the local football club which in return meant they could access the facilities at the club easily. The provider working in partnership with various agencies. There were many healthcare professionals involved with the service who visited regularly. One healthcare professional told us, "All professionals involved in [person]'s case have needed to collaborate to ensure all their needs are catered for. I have complete confidence in the manner that Innovations have gone about their business."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider was not effectively monitoring and improving the quality and safety of the service. Where action had been identified, the provider had not completed it within timescales set by the provider. People's feedback had been sought but action had not been taken in response.