Individual Care Services

Individual Care Services - 2 Laurel Drive

Inspection report

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Date of inspection visit:
11 February 2016

Date of publication:
02 March 2016

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 11 February 2016. 2 Laurel Drive provides care and accommodation for up to five people with a diagnosis of a learning disability or autistic spectrum disorder. Four women lived at the home at the time of our visit.

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 care from a consistent kind, caring staff team who treated them with respect and promoted their rights. Staff had strong, caring and supportive relationships with people and their relatives. Staff worked in an inclusive manner and relatives felt involved and that their views were listened to.

Staffing levels ensured people were supported safely within the home and outside in the community. Relatives were confident people received safe care in a safe environment from staff who knew what they were doing. Staff understood their responsibility to keep people safe and report any concerns about people's wellbeing. Identified risks were used to inform people's care, which was planned in a way that promoted their safety. Medicines were stored safely and securely and people received their medicines as prescribed.

Staff received induction, training and support to enable them to meet people's needs effectively. Staff understood and followed the Mental Capacity Act 2005 (MCA) to seek people's consent or appropriate authorisation before they received care. This included authorisation by the relevant authority for any restrictions to people's freedom that were deemed as necessary to keep them safe; known as Deprivation of Liberty Safeguards (DoLS).

Each person had a care plan that included information on maintaining the person's health, their daily routines and preferences. Staff understood, communicated with and supported people in a way that met their individual needs.

There was a stable management team who staff said were approachable and supportive. Staff felt listened to and regular meetings gave them the chance to meet together as a staff team and discuss people's needs and any new developments for the service. There was a system of checks to ensure the quality of service provision was maintained.

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.

Relatives were confident their family members were looked after in a safe environment by staff who understood their needs. Risks to people's individual health and wellbeing were identified and care was planned to minimise the risks. The provider checked staff were suitable to deliver care and there were enough staff to support people safely. Medicines were stored, administered and managed safely.

Is the service effective?

Good

The service was effective.

Staff received induction, training and supervision to support them in providing effective care to people. People were supported to maintain good health and referred to appropriate healthcare professionals when a need was identified. Where people could not make decisions for themselves, their rights were protected in accordance with the appropriate legislation

Is the service caring?

Good

The service was caring.

Relatives spoke positively about the care and support received by their family member and felt involved in the care they received. Interactions between people, visitors and care staff were warm and respectful. Staff understood people's individual means of communicating.

Is the service responsive?

Good

The service was responsive.

Each person had a care plan that provided staff with the necessary knowledge to ensure the person was at the centre of the care and support they received. Staff knew people's preferences, likes and dislikes.The provider's complaints policy and procedure were accessible to people who lived at the home and their relatives.

Is the service well-led?

Good

The service was well-led.

Staff felt well supported by a stable management team. Relatives and staff were encouraged to share their opinions about the quality of the service which ensured planned improvements focused on people's experiences. There was a series of checks and audits to ensure people received a safe and effective service.

Individual Care Services - 2 Laurel Drive

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.

The inspection took place on 11 February 2016 and was unannounced. The inspection was undertaken by one inspector.

We reviewed the information the provider had shared with us in the provider information return (PIR). The PIR 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 reviewed the information from the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

People who lived at the home were not able to tell us about how they were cared for and supported because of their complex needs. We therefore observed care and support being delivered in communal areas to help us assess whether people's needs were appropriately met and to identify if people experienced good standards of care.

We spoke with three relatives, the registered manager and four care staff. We reviewed two people's care plans and daily records to see how their support was planned and delivered. We reviewed records of the checks the staff and management team made to assure themselves people received a quality service.

Good

Is the service safe?

Our findings

During our visit we saw that people were happy and relaxed in their interactions with staff. People's relatives were all confident that people received safe care in a safe environment from staff who knew what they were doing. When asked if they thought their family member was safe, one relative responded, "Yes, very safe. They (staff) always contact me with any concerns."

Staff we spoke with understood people's needs and how to keep them safe. Staff attended safeguarding training which included information on how they could raise issues with the provider. Staff told us the training assisted them in identifying different types of abuse, the signs they would look for, what they would do if they thought someone was at risk of abuse and who they would report any safeguarding concerns to. One staff member said, "There are lots of kinds of abuse and I would look for signs and symptoms, any changes in any of the service users. If there was any bruising we would record it and report it. We observe their behaviours and any concerns, I would report it straightaway." The registered manager understood their responsibilities to manage any safeguarding concerns raised by staff. However, staff spoken with were not always clear what actions the registered manager would need to take. It is important staff have a good understanding of the whole safeguarding process, so they can identify when appropriate action has not been taken so they can escalate their concerns further.

There were enough staff to support people according to their needs and preferences. Staffing levels ensured people were supported safely within the home and outside in the community. Staff spoken with said they felt staffing levels were right and reflected the support people needed. Staff told us if people's needs increased or activities were planned, additional staff would be provided.

The provider had a recruitment policy that ensured all the necessary checks were completed before new staff started working unsupervised for the service. This included a police check and obtaining references to ensure staff were suitable to work with the people who lived in the home.

Risks to people's safety associated with their health conditions or the environment were assessed before they received care. Identified risks were used to inform people's care, which was planned in a way that promoted their safety. Where it had been identified that people needed specialist equipment to keep them safe, we saw it was in place. One person's relative commented, "[Person] isn't as mobile now and once that was recognised, new measures were put in place. The wheelchair is beside her chair. On a good day, two people will walk with her. Everything is geared up for [person's] safety." During our visit, we observed staff supported people to move safely and in accordance with their risk management plans.

Medicines were stored safely and securely and there were checks in place to ensure they were kept in accordance with manufacturer's instructions and remained effective. Administration records showed people received their medicines as prescribed. Some people required medicines to be administered on an "as required" basis. There were detailed protocols for the administration of these types of medicines to make sure they were given safely and consistently.

Staff completed training before they were able to administer medicines and had regular checks to ensure they remained competent to do so. This ensured staff continued to manage medicines to the required standards. Daily medication checks were in place to ensure medicines were managed safely and people received their prescribed medicine.

The provider had systems to minimise risks in the environment, such as regular safety checks. These included health and safety checks and weekly checks of equipment used to transfer people around the home.

Good

Is the service effective?

Our findings

Staff were knowledgeable about the people living at Laurel Drive and had the skills to meet people's needs. Relatives told us they were confident staff knew people well, communicated with them effectively and provided the support they required. One relative said, "I know they undergo staff training and they know [person] well and understand what her needs are."

New staff received induction and training that met people's needs when they started work at the home. The induction was linked to the Care Certificate which provides staff with the fundamental skills to provide quality care. The induction included training identified as necessary and familiarisation with the service and the provider's policies and procedures. There was also a period of working alongside the more experienced staff so new staff could develop a good understanding of people's individual needs. One relative told us, "[Person] is quite complex. Sometimes it is difficult for some staff to understand her needs, but once they have been here a few weeks, it is okay."

New staff completed a probationary period during which they were assessed. These assessments enabled the registered manager to ensure new staff understood their roles and had the competence to carry out their job to the required standard.

Staff told us there were good opportunities for on-going training to ensure they followed best practice and their knowledge was kept up to date. Staff said the training they undertook, enabled them to give people the support they needed. Most people living in the service had complex health needs and staff needed to be trained to carry out specific procedures. Staff only supported people once they had completed any relevant training and were assessed as competent to meet those needs. One staff member told us they had received training to carry out a specific procedure and said, "You get three assessments to show you are competent with it, so that helps as well." Records showed that staff had been complimented by a visiting healthcare professional in their management of one person's specialist procedure.

Staff told us they felt supported by managers and they received regular one-to-one supervision. This gave staff the opportunity to discuss working practices and identify any training or support needs. One staff member told us they had supervision every few months and went on to say, "We talk about any problems with the service users, whether we have got any problems with staff. We get asked if we want any training or need any support. We get told our strengths and anything we could possibly improve on." Staff also said that there were regular staff meetings which gave them the chance to meet together as a staff team and discuss people's needs and any new developments for the service.

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).

Care records showed that mental capacity assessments had been completed as appropriate. These documented where people had the ability to make decisions as well as information about how and when decisions should be made in the person's best interests. Relatives told us they were consulted and involved in any complex decisions. One relative told us, "We always put it in writing and it is always in [person's] best interests." Not all staff had received training in the MCA but capacity issues had been discussed in individual supervision meetings and staff meetings. Staff we spoke with demonstrated they understood the principles of the MCA. They gave examples of applying these principles to protect people's rights, for example, asking people for their consent and respecting people's decisions to refuse care where they had the capacity to do so. Where people were able to make their own decisions, staff respected the decisions they made.

The registered manager understood their responsibilities under the DoLS. They had identified that people's freedom was being restricted in a way that was necessary to keep them safe. For example, people were not able to independently choose whether or not to live at the home. Records showed that DoLS had been submitted and formally authorised by the relevant local authority. However, not all staff were aware that people had DoLS in place.

People were supported to have a balanced diet and were given a variety of food they could choose from. One relative told us, "They have had picture books made so [person] can make choices for their meals by picture." At lunch time one person did not want the meal they had been given. They were offered an alternative which they clearly enjoyed, clearing their plate.

Some people had problems swallowing or chewing food or had specific dietary requirements. They had been referred to the speech and language team and dieticians for support. Staff we spoke with were knowledgeable about people's individual nutritional needs, which minimised risks to people's health. Where people needed assistance to eat their meal, members of staff assisted in a caring, respectful manner. Staff assisted people at their own pace and waited for people to finish before offering them more food.

People were supported to maintain good health, had access to healthcare services and received on-going healthcare support. Care records showed that people saw their GP throughout the year and were referred to other healthcare professionals when a change in their health was identified. Relatives told us that staff always kept them informed of any changes to people's health and when healthcare appointments had been made. One relative said, "I know when they are happening and given an opportunity to attend." Where health professionals had made recommendations about people's health needs, these had been transferred to care records to ensure staff had the information they needed to meet those needs.

Good

Is the service caring?

Our findings

On the day of our inspection there was a relaxed and friendly atmosphere in the home. Relatives told us there was always a good ambience whenever they visited. One relative said, "It is so lovely and happy. Jobs are done and every procedure is followed correctly, but it is still happy."

People were unable to verbally tell us about their experiences of living at Laurel Drive and how staff treated them. However, we spent time observing staff interaction with people and saw that a consistent, caring and established staff team clearly knew people well and had good relationships with them. Interactions between people, visitors and care staff were warm and respectful. People's behaviour and body language showed they felt cared for and were comfortable with staff. For example, we saw one person being supported to eat their lunch. They were relaxed throughout and maintained good eye contact with the staff member supporting them. Another person spontaneously gave a staff member a big hug when they went to say goodbye at the end of their shift. One relative described staff as "brilliant" and went on to say "They are so caring and so helpful and [person] is the most content I have seen her."

One relative particularly spoke of the caring attitude of staff when their family member was unwell. They told us, "If she has ever been ill they sit with her." They went on to tell us of an occasion when their family member had been unwell after a medical procedure and said, "The manager sat with her all night."

Although people living in the service had limited verbal communication, staff understood their individual ways of communicating and had clearly developed a good knowledge of each person's needs. Care plans described how people communicated and what different gestures or facial expressions meant. Staff were able to tell us about the non-verbal actions and signs people used to communicate their needs. This helped people to maintain their involvement in making their own decisions.

We asked staff if they thought the home provided a caring environment for people. All the staff felt it did and were positive and enthusiastic about the value of the relationships they had established with the people who lived in the home. One staff member told us, "It is hard not to get too attached. It is not just a job. On a daily basis I can walk out the door and feel I have achieved something for the ladies. I don't think there is anybody here who is not actually caring."

The management team and staff supported people's relatives by involving them in their family member's care. One relative told us that staff were respectful of their relationship with their family member and explained, "Even if it is out of their way, they (staff) do whatever they can to make sure I see [person] and do things with her." Relatives told us they were always made welcome and were able to visit at any time. One relative told us, "We could come at three o'clock in the morning if we wanted to, and we have been here until two o'clock in the morning when [person] was poorly."

Staff respected the fact that Laurel Drive was home to the people who lived there. One relative explained, "It is a home, their home and it is treated as if it is their home. It is very welcoming." We saw that with the support of family and staff, people had chosen the décor for their bedrooms and personalised them so they

reflected their individual personalities. There were ornaments and photographs of family and friends, personal furniture and their own pictures on the walls.

Staff promoted people's privacy and dignity. People were offered care and support discretely when needed and staff closed people's doors before providing any personal care to them.

All the staff we spoke with enjoyed working at the home. Comments staff made included: "It is lovely, it is home from home" and "The staff get on really well with each other which makes it a happier home." A relative confirmed, "There is a lot of camaraderie and they (staff) all seem to get on well."

Good

Is the service responsive?

Our findings

Relatives were happy that the care their family members received was responsive to their needs. One relative told us, "I think [person] gets very well looked after."

Everyone who lived at the home had a care plan. The Provider Information Return (PIR) told us, "Service user's care plans are tailored to the individual service user. Within the care plan there is information for staff to read and sign, demonstrating understanding of service users' needs, wishes and expectations. Staff have a duty to respond to those needs on a daily basis." We looked at one person's care plan in detail and found it had been written in a personalised way. It included information on maintaining the person's health, their daily routines and preferences. This information meant staff had the necessary knowledge to ensure the person was at the centre of the care and support they received. Staff we spoke with demonstrated a good understanding of people's individual care needs and the physical and emotional support they required to maintain their wellbeing.

Care plans were reviewed regularly to ensure they continued to meet people's changing needs. Relatives confirmed they were involved in the review process and that their opinions were respected and listened to.

Daily diaries were completed for each person. These recorded any changes in people's needs as well as information regarding appointments, activities and emotional well-being. Staff told us there was also a communication book to record more general information which needed to be shared amongst the team. This information was also communicated verbally at handover meetings whenever new staff came on duty. Staff told us they felt the systems in place ensured they were up to date with any changes in people's needs.

People were encouraged to participate in activities inside and outside the home according to their personal wishes. For example, people were supported to go shopping, go out for meals in local restaurants and participate in activities in their local community. On the day of our visit, one person was taken swimming and another went out with family members for lunch. Two people were looking forward to a theatre trip planned for the weekend of our visit. Some people preferred quieter activities. For example, one person liked spending time in their bedroom enjoying their sensory lights and watching their favourite television programmes. A member of staff explained, "We have a service user meeting and we ask them what activities they want to do. When you ask the question, you can tell with a smile whether to they want to do it or not." Each year the people living in the home went on holiday together. Staff had encouraged them to keep a record of the things they enjoyed on the holiday, and this included pictures and photographs of places they had visited and activities they had participated in.

Each person living in the home had an easily understood pictorial complaint procedure to enable them or their relatives to make a formal complaint. We asked relatives what they would do if they were unhappy or had any concerns. Relatives told us they would not hesitate to raise any concerns if they had any. One relative told us, "If there is an issue of any kind it is dealt with while we are here to the best of their ability. We let them know and it is always rectified." The home had not received any formal complaints in the twelve months prior to our visit.

Good

Is the service well-led?

Our findings

None of the people who lived in the home were able to tell us what they thought about the quality of the service because of their complex needs. However, relatives spoke positively about the quality of care their family members received.

There was a stable management team with the registered manager supported by a home manager. The home manager worked alongside staff on a daily basis and the registered manager visited the home regularly. Staff we spoke with told us they felt supported by the management team. One staff member said, "[Home manager] is lovely. She deals with things effectively and confidentiality is maintained as well. She is very reassuring and always trying to compliment us on our work, but does pick us up if we do something wrong." Another staff member confirmed, "The bosses are really approachable. You don't feel you have to wait to discuss anything. You can go to them at any time and talk to them." One staff member told us of a time when a member of night staff had called in sick at very short notice. Staff had called the 24 hour on-call and the registered manager covered the shift herself to ensure people received consistent and safe care. "[Registered manager] is just there if you need her and she is there around the clock. It doesn't matter what time of day."

At the time of our visit the home manager was on long term sickness leave. The registered manager told us that two senior staff, known as shift co-ordinators, had provided effective leadership during the home manager's absence. They explained, "The shift co-ordinators complement each other's skills and work well together. You can see the mutual respect they have for each other. They have worked terrifically well without [home manager] being here."

During our visit we observed good team work and staff communicated well with each other. All the staff we spoke with told us they enjoyed working in the home and felt supported by the rest of the staff team. One staff member told us, "This is the best job I have ever had. I wish I had found it sooner." The registered manager told us staff were committed to their role and said, "In my opinion this is a very effective team and the people have a good quality of care. Staff will go above and beyond to make an activity meaningful. They don't know when I am coming through the door, but when I do, they are all very welcoming."

Staff meetings took place regularly and were an opportunity for staff to put forward suggestions for the service provision. They were also used to discuss any developments in working practice and changes in people's individual support needs. One staff member explained, "We can discuss any worries about the service users and share information. It is a chance to get together." Another said, "We speak about all the ladies in depth and discuss actions we want to achieve for the next team meeting. We talk about us as a team, whether we are happy, whether there are any improvements we could make and whether there is any more we could achieve for the ladies."

The registered manager told us they felt supported by the provider and explained, "Investment in the training is very important and that is what is happening at the moment. They are not just investing in the support staff but at management level as well which is nice."

There were informal systems in place so people who lived in the home could share their views about how the home was managed. Relatives told us they were asked their views when they visited the home and through annual questionnaires. One relative explained, "We get a form to fill in every year asking if we are happy with the service and if there is anything that could be improved upon."

Accidents and incidents were recorded in each person's individual care records. Due to the small number of incidents, there was limited action to be taken as there was no pattern to the incidents. The registered manager assured us if these increased, analysis and actions would be taken to minimise the risks to people. There were other checks such as health and safety and medication checks to ensure the safety and quality of the service.

The registered manager understood their legal responsibility for submitting statutory notifications to the CQC, such as incidents that affected the service or people.