

Innovations Wiltshire Limited

Callisto

Inspection report

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Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

About the service

Callisto is a small residential care home for two people with learning disabilities and/or mental health conditions. Accommodation is provided in a semi-detached building with a small garden area and some parking.

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

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People were being supported by staff who had been recruited safely and had been trained effectively. Staff were aware of the different types of abuse and what action to take if they were concerned. There were sufficient numbers of staff on duty. Medicines were managed safely with safe systems in place to order, store, administer and dispose of medicines. Risks had been identified and risk management plans were detailed and reviewed.

People had their needs assessed which included their healthcare needs. Support was provided to access health services where needed. 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.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. People chose how they wanted to live their life and were supported to buy their own food and carry out light domestic activities.

People had their own care plans which were easy read and had pictures to support people to understand them. Communication needs were assessed and recorded in care plans, people had communication protocols in place where appropriate. People had opportunity to engage in social activity and access local services such as the leisure centre. One person had a voluntary job which they did once a week.

Systems were in place to monitor the quality of the service and make improvements where needed. The provider had a good oversight of the service and monitored outcomes. There was a registered manager in post who encouraged staff to share their views. Staff were supported to provide effective care and support. Feedback was gained from people to help develop the service. Partnerships had been maintained with many local healthcare professionals to make sure people got the care and support they needed.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used some restrictive intervention practices as a last resort, in a person-centred way, in line with positive behaviour support principles.

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

Rating at last inspection

The last rating for this service was Good (published 3 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Callisto

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector on the 30 July 2019.

Service and service type

Callisto 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.

The service had two managers registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. During our inspection we talked with one of the registered managers who we will refer to in the report. The other registered manager was available for us to talk with if we needed to.

Notice of inspection

This inspection was announced.

We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our

inspection.

During the inspection

We spoke with the two people who lived at the service about their experience of the care provided. We also spoke with two members of staff and the registered manager. We reviewed a range of records which included two care plans, three staff files in relation to recruitment, training and supervision. We also reviewed a variety of records relating to the management of the service.

After the inspection

We contacted four healthcare professionals for their feedback about the service and one relative. We also contacted Healthwatch which is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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 as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Callisto. One person said, "I am safe here, I feel alright." Systems were in place to keep people safe. Staff had been trained on safeguarding people and understood what to do if they were concerned.
- The registered manager told us they spent three or four days a week at the service and was confident people were being supported safely. One member of staff told us, "I have never seen any unfair treatment or anything to cause any concern."

Assessing risk, safety monitoring and management

- People's risks were assessed and recorded in risk management plans which were reviewed regularly. Risk management plans outlined measures for staff to follow to keep people as safe as possible. Professionals were involved in people's care and support to also guide staff on how to manage people's risks.
- People had behaviour support plans to guide staff what to do should people experience distress or frustration. For example, one person experienced anxiety which could escalate to a distressed reaction. Staff had guidance on known triggers which they knew to avoid such as loud or noisy environments.

Staffing and recruitment

- People were being supported by staff who had been recruited safely. The required recruitment checks had been carried out prior to employment started. This included a check on employment history, obtaining references from previous employers and a disclosure and barring service (DBS) check. DBS checks help employers make safer recruitment decisions.
- There were sufficient numbers of staff available to support people. There was a core group of staff who worked at the service to give people continuity. Staff had access to an on-call service which ensured there was always a manager available to them to provide management advice and support.

Using medicines safely

- Medicines were managed safely and people had their medicines as prescribed. People had their own medicines administration record (MAR) which recorded when they had their medicines. There were no gaps in recording in the MAR we saw.
- Medicines were regularly reviewed by the prescribers and where needed, changes made. There were 'as required' PRN protocols in place to guide staff on how to administer this type of medicine.
- Staff had been trained to manage people's medicines and were observed to assess their competency. Staff recorded temperatures where medicines were kept and stored them safely.

Preventing and controlling infection

- People lived in a service that was clean and free from any malodours. Staff had cleaning schedules which ensured all areas were thoroughly cleaned. Where possible people were encouraged to carry out light cleaning duties such as hoovering and dusting.
- Staff had access to personal protective equipment and we observed them use it appropriately. Staff had been trained in infection prevention and control and food hygiene.

Learning lessons when things go wrong

- The provider held regular meetings with staff to discuss any incidents or accidents. This made sure any themes or patterns were identified early. Staff all discussed actions that could be taken to make improvements where possible and/or needed. Where any new ways of working were introduced they were monitored by the provider to make sure they were appropriate and effective.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager told us people had been assessed prior to moving into the service to make sure staff could support people safely and effectively. Staff had assessed all of people's needs which included physical health, social skills and emotional well-being.
- The provider kept up to date with current legislation and best practice guidance to make sure care and support was effective. The registered manager had become a positive behaviour support specialist which meant they could advise staff on best practice guidance.

Staff support: induction, training, skills and experience

- Staff were trained and supported by the provider. There was a core group of topics the provider deemed mandatory training. This included autism awareness, dementia and epilepsy.
- Staff told us they had regular supervision and were able to speak with the registered manager or the provider at any time. One member of staff said, "I have supervisions and I have had enough training to do my job. [Registered manager] speaks to me regularly, he talks me through my decisions."

Supporting people to eat and drink enough to maintain a balanced diet

- People chose their own meals and were encouraged to prepare food and cook it themselves. Staff supported people to do their own food shopping. One person said, "I can get involved or not in food prep, it is up to me." Staff helped people do online shopping which was delivered to the property.
- People were encouraged to eat healthy meals where possible. There was a local shop nearby where people went to buy their own snacks.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had hospital passports in place which could be sent with them to hospital if needed. This made sure key information was shared with professionals in emergency situations.
- Staff supported people to access health services where needed. This included dentists, opticians and GP's. One person told us, "I can see a GP if I want to." People were encouraged to go to clinics to attend their appointments and reviews in person. People had health plans in place which recorded all their health needs and how they were to be met.
- Staff attended handovers at the start of their shifts so important information could be shared. People had a one page 'pen picture' in place which was a summary of their needs and important information.

Adapting service, design, decoration to meet people's needs

- People lived in a small house that was homely. People could access all areas of the house easily and had a small outside space which they regularly used. The home was kept in good repair with a programme of regular maintenance.
- People could personalise their rooms if they wished and put up pictures. Artwork people had completed was displayed around the home with their permission.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were being supported by staff who had received training on the MCA and understood the principles. People were supported to make their own decisions wherever possible. Where people had been assessed as not having capacity to make decisions a best interest meeting and process had been followed.
- One person had a DoLS authorisation in place, the service was meeting the conditions attached.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were being supported by staff who knew them and respected their individual rights. Staff had information about people's lives and backgrounds in their support plans. One person said, "The staff are ok, I would tell them if they weren't."
- People were able to lead their own lives and make choices about how they spent their time. People had their own routines recorded so staff would know what they liked to do and in what order.
- We observed staff interacting with people and saw people were comfortable approaching staff and asking them to help them. Staff were friendly towards people and called them by their preferred name as written in their care plan. Staff had time to sit with people and talk to them.

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged to be involved in all aspects of their care with staff supporting their decision making. One person had an independent advocate who supported them to be fully informed and involved in important decisions.
- People's likes and dislikes were recorded in care plans and known by staff supporting them. The service had made all documents pictorial and easy to read so people could understand easily.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their dignity by a staff team who treated people with respect. Staff obtained people's consent to go into their rooms and to carry out any care activity such as administering medicines.
- Personal records were kept secure with only authorised staff able to access them.
- Staff encouraged people to maintain their independence as much as possible. One person had got a bus pass for the local services. The registered manager told us they were supporting the person in stages with an aim for them to travel independently.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care and support was personalised and recorded in an individual care and support plan. Care plans were reviewed six monthly and people were able to participate in a care review, making changes where they wanted. People had signed their care plan to indicate they had agreed to the content. One professional told us, "I found that there was a very comprehensive support plan in place which was up to date."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been assessed and recorded in their care and support plans. Important documents were available in an easy read and pictorial format to help people make decisions and understand information. For example, the service had provided people with easy read information to help them make decisions about the support they needed to take their medicines and manage their finances.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Relatives were welcome to visit at any time and support was provided to help people visit their relatives. One person visited their relative every week. Staff organised transport for them to do this regularly. One relative told us, "I am so pleased [person] is happy and settled, [person] visits me every week."
- People could choose to do any activities they wanted to. One person went swimming regularly and enjoyed watching films. Another person chose to do voluntary work every week which they told us they enjoyed.

Improving care quality in response to complaints or concerns

- There had been no formal complaints since the last inspection. There was a complaints policy in place which was available to people and their relatives. The policy was available in easy read to help people to understand the procedure. One person said, "I would complain if I needed to, I have not had to, but I know how to if needed."

End of life care and support

- The service was not providing end of life care and support. The people living at the service were young and had not made any decisions regarding the care and support for end of life. The registered manager told us, and we saw there were end of life documents in people's care plans in case they wanted to have the discussion with staff.

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 as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently 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; Continuous learning and improving care

- At the last inspection we saw that some records were not up to date or available for staff where needed. We discussed this with the registered manager who told us following our inspection the records had been put in place. At this inspection we saw that all records were in place and had been reviewed.
- The registered manager was registered for two services for the provider. There was a 'house manager' at Callisto who carried out day to day management duties such as making sure records were completed, staff supervisions and health and safety checks. They knew when to contact the registered manager and felt supported in their role.
- Quality systems were in place to monitor quality and make improvements where needed. The provider employed a development director who sourced new ways of working and changes to practice. Meetings were held to share the learning and discuss any improvements needed.
- The provider had contacted a pharmacist to visit the service and audit their medicines management. Following this visit an action plan had been put in place to make improvements which the staff were completing.
- Staff were able to complete work-based qualifications if they wanted to. The provider supported them to access health and social care diplomas at levels two, three and five. One member of staff told us, "I have learned so much here, the company give you the opportunity to develop and they pay for it."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were supported to live in a service that was person-centred. The registered manager told us the service was led by the people who lived there. People were supported to make their own decisions about their own lives and how they wished to live them.
- Staff we spoke with told us the service was well-led, the registered manager was approachable and encouraged staff to speak with them if needed. One member of staff said, "[Registered manager] is very supportive, always on the end of the telephone if needed." Another member of staff said, "I am able to be open and transparent with [registered manager], they encourage you to share things."
- People were being supported by a staff team who enjoyed their work and worked well together supporting each other. There was good staff morale at the service. One member of staff told us, "This is a friendly place to work, I like all the staff and I like the people."

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 had policies in place to make sure they acted appropriately should something go wrong. The registered manager was aware of their responsibility to report and record all incidents.

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

- People were asked for their feedback about the service provided. This was recorded formally in surveys and in 'house meetings'. Where possible people's views were acted on. For example, one person had expressed a wish to go to a particular place of interest. Staff recognised this could be a challenge for them as the person did not react well to loud noises. Staff were actively looking at different times for them to visit when it would be less noisy, so they could still go and enjoy the outing.
- Staff were able to attend team meetings regularly and share ideas for improvement or change. One member of staff said, "We are able to voice our opinions, I was nervous to start with, but I am getting more confident." Staff told us they enjoyed working for the provider and appreciated their values. One member of staff told us, "This is a good company to work for, they really care about the staff."

Working in partnership with others

- Staff worked closely with healthcare professionals to make sure people got the support they needed. People's needs were complex so there were many professionals involved in reviewing people's care. One professional said, "My client is most definitely receiving person-centred care. The house manager and registered manager both had a very good understanding of [person's] complex needs and were working hard to support [them] to have as full a life as possible."