Care Quality Commission

Community Integrated Care

Magna Road

Inspection report

109 Magna Road
Poole
Dorset
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Ratings

Overall rating for this service	Good
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?	Good

Overall summary

This inspection was unannounced on 30 November 2015. We started an unannounced inspection at the service on 22 September 2015 shortly after the registered manager left the service. We found that the provider's quality and finance teams were completing an assessment of the service. We stopped the inspection because of the negative impact on the people from having additional persons in the service.

We last inspected Magna Road in April 2014 and the service met the regulations.

Magna Road is a care home for up to seven people with learning disabilities in Poole. There were four people living at the home at the time of the inspection.

The service does not have a registered manager. A new service manager had been appointed in November 2015 and the provider told us they would be applying to be registered. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

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.

At this inspection we found some areas of the home were not properly maintained. The lounge carpet was stained, had a burn mark on it and smelt unpleasant. Repairs to walls were not robust and they had become damaged further. This was a breach of the regulations.

Some of the people had complex needs and were not able to tell us their experiences. We saw that those people and the people we spoke with were smiling, happy and relaxed in the home.

Medicines were managed safely and stored securely. People received their medicines as prescribed by their GP.

People received care and support in a personalised way. Staff knew people well and understood their needs and the way they communicated. We found that people received the health, personal and social care support they needed.

People were relaxed with staff which may have indicated they were comfortable and felt safe with them. Staff knew how to recognise any signs of abuse and how they could report any allegations. Learning from any safeguarding investigations was shared with staff and actions taken to minimise any further incidents.

Risks to people's safety were assessed and managed to minimise risks. People were supported to take part and try new activities and experiences in the house and in the community.

Staff were caring and treated people with dignity and respect. People and staff had good relationships. People had access to the local community and had individual activities provided.

Staff received an induction, core training and some specialist training so they had the skills and knowledge to meet people's needs. Staff were recruited safely. Agency staff that knew people well were used to cover some staff absences and provide consistency in people's care.

The culture within the service was personalised and open. There was a clear management structure being implemented and relatives and staff felt comfortable talking to the regional manager and seniors about any issues. There were systems in place to monitor the safety and quality of the service provided. There were plans in place to meet any areas for improvement identified.

Summary of findings

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 safe. However, the carpet in the lounge was stained and needed replacing. Repairs were completed, but these were not always sufficiently robust.

Medicines were managed safely.

Staff knew how to recognise and report any allegations of abuse.

We found staff were recruited safely and there were enough staff to make sure people had the care and support they needed.

Any risks to people were identified and managed in order to keep people safe.

Is the service effective?

Good

The service was effective.

Staff received training to ensure they could carry out their roles effectively.

Staff had an understanding of The Mental Capacity Act 2005. There was a plan in place to ensure decisions were in people's best interests.

People were offered a variety of choice of food and drink. People who had specialist dietary needs had these met.

People accessed the services of healthcare professionals as appropriate.

Is the service caring?

Good

The staff were caring.

Staff were cheerful and kind, treated people with patience and were constantly aware of their needs.

People and staff enjoyed each other's company.

Staff understood how to provide care in a dignified manner and respected people's right to privacy.

Is the service responsive?

Good

The service was responsive to people and their needs.

Staff understood people's complex ways of communicating and responded to their verbal and non-verbal communication and gestures.

People were supported to pursue activities and interests that were important to them.

Summary of findings

Is the service well-led?

Good

The service was well-led. Observations and feedback from people, staff and professionals showed us the service had an improving, positive and open culture.

There were systems in place to seek feedback from people's representatives and professionals. Actions were taken in response to any feedback or shortfalls identified.

There were systems in place to monitor the safety and quality of the service. There was learning from accidents, incident and investigations into allegations of abuse.

Magna Road

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 30 November 2015 and was unannounced and was conducted by one inspector.

We met, spoke with three people and used Makaton (a type of sign language) with people. Some of the people we met had complex ways of communicating and were not able to tell us their experiences of the service. We observed staff supporting people. We also spoke with the supernumerary senior support worker senior support worker and four support workers.

We looked at two people's care and support records and records about how the service was managed. This included four staffing recruitment records, audits, meeting minutes and quality assurance records.

Before the inspection, the provider completed a Provider Information Return (PIR). This 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 also looked at incidents that they had notified us about. We also contacted four commissioners and health and social care professionals who work with people using the service to obtain their views. We spoke with two people's relatives following the inspection.

Following the inspection, the deputy manager and regional manager sent us information about actions they had taken following our feedback and the staff training and the training plan.

Requires improvement

Is the service safe?

Our findings

People were relaxed with staff, and freely approached and sought out staff. This indicated they felt safe at the home with staff. One of the two relatives told us their family member was safe and they did not worry about their safety. One relative raised some concerns about their family member. The safeguarding team and learning disability team told us the staff and service had responded appropriately to these concerns and reported any concerns to them so they could be investigated.

There were posters displayed in the dining area and office about how people and staff could report any allegations of abuse. All of the staff had received safeguarding training as part of their induction and ongoing training. All of the staff we spoke with were confident of the types of the abuse and how to report any allegations.

The regional manager had reported any allegations of abuse to both the local authority and CQC. They had cooperated fully with any safeguarding investigations. We saw the regional and supernumerary senior support worker had taken action following any investigations to make sure that any learning from incidents was shared with staff.

Staff had received training in medicines administration. The supernumerary senior support worker told us that staff had their competency assessed following completion of their training. They undertook weekly medicines audits.

We saw from Medication Administration Records (MAR) that medicines were administered as prescribed. Staff were able to consistently describe how and in what circumstances any PRN 'as needed' medicines would be administered. This reflected the information included in people's 'as needed' care plans.

People had risk assessments and plans in place for: specific health conditions, access to activities at home and in the community, epilepsy management and behaviours that may present challenges to others. For example, there were positive behaviour management plans in place for people who needed them. Staff were clear about the strategies to reassure people and manage any behaviours that presented challenges to themselves and others. These strategies focused on people's positive behaviours. There was a focus on positive risk taking so that people had the opportunity to try new experiences.

We looked at the staffing rotas for a three week period including the week of the inspection, one relative and staff told us there were enough staff to meet people's needs. However, one relative gave us an example of where two staff had not been provided to support one of their family member's community activities during the summer. From the staff rotas provided for November 2015, we saw where people needed two people to support them in the community this was provided. Agency staff were used when the staff team were not able to cover absences. The supernumerary senior support worker told us and we saw from rotas that regular agency staff were used. This meant people were supported by staff that knew them well.

The supernumerary senior support worker told us they were reviewing the times that staff worked so they could provide more opportunities for people to access the community in the evenings. The staff rotas were checked each week to ensure that people received the one to one or two to one support they needed. People received the care and support they needed without waiting for lengthy periods. Staff responded to people's verbal and non-verbal requests quickly.

We reviewed two staff recruitment records and spoke with one member of staff about their own recruitment. Recruitment practices were safe and the relevant checks had been completed before staff worked unsupervised at the home. These checks included the use of application forms, an interview, reference checks and criminal record checks. This made sure that people were protected as far as possible from staff who were known to be unsuitable.

There were emergency plans in place for people, staff and the building maintenance. In addition, there were weekly maintenance checks of the fire system and water temperatures. There were systems in place for the maintenance of the building and equipment. However, there had been some repairs to walls that had been damaged but these were not robust enough. The supernumerary senior support worker told us that the damaged walls were planned to be repaired within the next month. There were plans to employ a staff member who could visit on a regular basis to keep up with the ongoing maintenance and repairs in the home.

The carpet in the lounge was stained, had an iron burn mark in it and smelt unpleasant. Staff told us they had shampooed the carpet but the staining and unpleasant smell had not improved. The carpet needed to be replaced.

Requires improvement

Is the service safe?

The shortfalls in the premises being maintained was a breach of Regulation 15 (1) (a) (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All other areas of the home were clean and this was an improvement. This was because when we visited in September 2015 the communal areas, people's bedrooms and their bathrooms were not clean.

Good

Is the service effective?

Our findings

Staff completed core training, for example, infection control, moving and positioning, epilepsy, safeguarding, fire safety, health and safety and food hygiene. Staff told us the induction training they received had been effective and that they had felt well supported throughout their induction period. New staff had completed the care certificate which is a nationally recognised induction qualification. There was a training plan in place and the regional manager had identified that staff needed autism and positive behaviour training.

Staff told us they felt very well supported and records showed they had regular one to one support sessions. The supernumerary senior support worker told us that staff had previously not been having one to one support sessions as detailed in the policy but there was now a plan in place to address this previous shortfall.

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. We checked whether the service was working within the principles of the MCA.

The supernumerary senior support worker understood their responsibilities in regards to the Deprivation of Liberty Safeguards (DoLS). DoLS applications were correctly completed and submitted to the local authority.

Staff had been trained in the Mental Capacity Act 2005, and the staff we spoke with had a good understanding about this and making decisions that were in people's best interests.

Mental capacity assessments and best interest decision were in place for some people in relation to specific decisions. However, we did identify that for other people, mental capacity assessments and best interest decisions were not in place for positive behaviour support plans and listening devices. The supernumerary senior support worker told us they had contacted people's representatives and professionals involved in their care and anticipated that the best interest decisions would be in place by January 2016.

Staff sought consent from people before care and support was provided. For example, we observed staff checking with people in a way they understood what activities they wanted to do. One person used PECS (Picture Exchange Communication System) to choose and in addition staff understood the person's sounds, signs and gestures.

People who were able to had been involved in planning the menus. One person regularly accompanied staff to do the weekly shop. In addition people went with staff to buy milk from the local shop. There was a photographic menu displayed each day and one person took responsibility of putting this up every day. We observed this person helping themselves to their cereal when they got up. Staff offered another person choices of healthy snacks by asking them to indicate their signs for yes or no.

People's nutritional needs were assessed, monitored and planned for. People were weighed monthly and action was taken if people's weight changed significantly. For example, one person had lost weight and they were then weighed weekly so staff could closely monitor their weight. Staff consulted with the dietician and started to fortify the person's food with full fat milk, creams and cheese. The person had gained 4kg following this change in their diet.

Two people's food, fluid and nutrition plans had been written by the speech and language therapist because of their difficulties with swallowing. These plans included the consistency of food and drinks the person needed. We saw staff provided one person with bitesize food as described in their plan.

People's health needs were assessed and planned for to make sure they received the care they needed. For example, one person had epilepsy and there was an epilepsy care plan in place that included at what point staff were to call emergency services. Staff were very knowledgeable about the person and how they presented when they were having a seizure and what action they needed to take. We saw detailed monitoring records were kept to be shared with the person's GP and consultant.

Good

Is the service effective?

People had access to specialist health care professionals, such as learning disability nurses, dieticians, occupational therapists, speech and language therapists and specialist consultants.

Each person had a health plan and record that was supported by pictures to make it easier for them to understand and included important information about them if they went into hospital. These had been kept up to date and included when people had seen specialists or had their annual health checks.

People and staff had produced art work for the communal areas. One person used these pieces of artwork to choose and show staff what activities they wanted to do.

Good

Is the service caring?

Our findings

We saw good interactions between staff and people. Two people were laughing and smiling with staff and this showed us they enjoyed each other's company.

Staff showed a caring attitude towards people and recognised and knew them as individuals. Staff were very positive about the people, their strengths and abilities. They were passionate about the people they supported and how they could support people to maximise their abilities. Staff told us how they were encouraging people to try new things and they were proud of when people achieved their goals. There was an understanding from staff that any behaviours that may have challenged others were about the individual trying to communicate and this was not viewed in a negative way.

We saw that people who did not communicate verbally gave staff eye contact and were responsive to staff when staff spoke with them. One person reached out and sought physical contact with staff and this need for affection was acknowledged and respected.

From observations and speaking with staff we found they knew people and understood their preferences. We found that people's care plans included how people made their preferences and choices in their everyday lives. Where people did not communicate verbally, we observed staff giving some people simple verbal choices and using communication tools such as PECs.

People's privacy and dignity was respected. Two people indicated they wanted time alone in their bedrooms and staff respected this. They discretely offered people personal care and made sure that their dignity was maintained. People's care records were kept securely.

One person had a listening device that was used at night to monitor any seizures. This device was turned off during the day and whilst the person was receiving personal care. This was to maintain their privacy and dignity.

People's independence was promoted and some people told us they were encouraged to participate in things around the home. One person collected the vacuum and cleaned their bedroom with staff support. Staff told us another person was now taking their laundry to the washing machine.

Relatives told us they were free to visit and keep in contact with their family members. They said they were made to feel welcome when they visited. One person was supported to regularly visit their parent's home and another person wrote to family members with staff support.

Good

Is the service responsive?

Our findings

During the inspection our observations showed us that staff were responsive to people's needs. Staff responded to people's verbal and non-verbal gestures and communication. They were very knowledgeable about people's communication and were able to explain how people let them know if they wanted anything.

Throughout the inspection staff gave information to people in ways that they could understand. For example, one person had been unsettled on and off throughout the day but had been unable to communicate why. Staff explored all possible reasons with the person including checking whether the person was in pain and needed pain relief or whether the noise levels were too loud in the home. The person had stood by a particular member of staff when they had returned to the home from an outing with another person. Staff quickly realised the person wanted to go out with that staff member, so this was arranged and the person responded by smiling and getting their coat.

Another person used to vocalise loudly when they wanted the television channel turned over. Staff had explored ways of supporting the person to be able to change the television channel themselves with the remote control. The person smiled and laughed when they showed us how they were now able to turn over the television channel independently.

Staff showed an interest in people's interests and people and staff seemed to enjoy each other's company. People were supported to take part in activities they enjoyed. Each person had a weekly activities planner. Two people attended day services during the week. Staff explained that people were able to choose whether they did that particular activity. For example, one person used their PECS to choose their activities. Staff also encouraged people to try new experiences. Staff evaluated people's responses to the activities if they were not able to say they enjoyed the activity.

People had their needs assessed and from this a care plan was produced. These plans had been reviewed by the provider's quality team and the staff who know people well since our visit in September 2015. They were easier to follow and some of the old information had been archived. The supernumerary senior support worker told us there was still further work needed on people's care plans and there was a plan in place to complete this work. The plans detailed how staff were to provide care and support to the person. We saw and staff told us they were focusing on people's strengths and positive behaviours and achievable goals had been set for each person.

There was a written and pictorial complaints procedure displayed and each person's communication plan included details as to how they would let staff know if they were unhappy or worried. Relatives knew how to complain and raise concerns. There had been three complaints received since our last inspection in April 2014. These had been investigated and learning was shared with staff.

Good

Is the service well-led?

Our findings

Observations of people and feedback from staff showed us the service had an improving, positive and open culture. Staff spoke positively about the improvement in moral and teamwork at the service. All staff we spoke with were positive about how well they were supported and the focus of people's strengths and positive behaviours.

Following the registered manager leaving the service in September 2015 the regional manager had been managing the service. The provider had reviewed the management structure in place. They had appointed a service manager who would be registered with the commission and be responsible for the management of a number of services in the local area. In addition Magna Road would have two senior support workers and be supported by the supernumerary senior support worker who would also work across a number of services.

There were arrangements in place to monitor the quality and safety of the service provided. There were weekly reviews of people's medication. There were systems in place to check the infection control, cleaning schedules, health and safety and care plans. We saw that where any shortfalls were identified in these reviews actions were taken. The regional manager sent us their action plan following a full review of the service in September and October 2015.

The provider's finance team had audited the service in September 2015 and we saw that any action identified had been completed.

The regional manager told us they had requested the provider send surveys to people's representatives and the professionals involved with people. This was so they could assess people's representatives and professionals view of the service.

There were house meetings and where people were not able to contribute verbally, staff observed people's body language and the other ways in which they could contribute their views.

Staff told us they completed incident forms following any accidents or incidents and we saw these. Incidents and accidents were reviewed by the supernumerary senior support worker and the regional manager. Actions and learning was shared with the staff group to minimise the risks of incidents recurring. For example, following an incident the staff team were given a reminder and information of where they needed to position themselves when supporting one person when they were in the community. Staff we spoke with were clear about this and the reasons why.

Staff told us they felt valued and that they were being actively consulted and involved in developing the care plans for people. We found, from staff records and from speaking with staff, they understood their roles and responsibilities. There had been a recent staff meeting and the minutes were available to staff.

Community Integrated Care had a whistleblowing policy, which was available to all staff through the company intranet page. All of the staff we spoke with knew how to whistleblow and raise concerns. They were confident that any issues they raised would be addressed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment **The premises used by the service provider were not properly maintained. The carpet in the lounge was stained and smelt unpleasant. Repairs to the walls were not robust.**