Innova House Health Care Limited

Woodlands - Innova House CLD

Inspection report

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Requires Improvement
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Overall summary

This inspection took place on 7 and 8 October 2014 and was unannounced.

Accommodation for up to nine people is provided within five adjacent houses that form Woodlands - Innova House CLD. Each house can accommodate no more than two people, but one bedroom in one of the houses is used as a staff office. The service is designed to meet the needs of people with learning disabilities and autism.

There is a registered manager and she was available throughout the first day of this inspection. 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 and associated Regulations about how the service is run.

Summary of findings

We last inspected this service in December 2013. At that inspection we found the service was meeting all the essential standards that we assessed.

The service used safe systems when new staff were recruited. The staff were aware of their responsibility to protect people from harm or abuse, though they did not all know the action to take if there were concerns about the safety or welfare of an individual person.

Staff were allocated to people in each of the houses, but there were not sufficient numbers of experienced staff to undertake all tasks at all times without leaving people unsupervised and at risk of possible harm. However, people felt they were kept safe from other people.

Medicines were safely managed, though staff needed more information about how to manage medicines when people spent time away from the service.

Experienced staff had received regular training, but the amount of induction training provided before new staff had full responsibility for people in their care was insufficient to meet care needs effectively.

People were supported to shop for food individually and staff worked with them to cook healthy meals. People were receiving positive health care, with staff supporting them to attend appointments with health care professionals when needed.

People had built up good relationships with the staff that had been working with them for quite some time, but their privacy and independence were compromised when staff were walking in and out of people's homes without warning.

Experienced staff responded positively to people's individual needs, their likes and dislikes and they responded well to complaints and comments made by people.

Management systems were in place for the registered manager to monitor and audit the quality of the service provided, though the manager was not fully aware of the care practices we identified and improvements that were needed.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 in relation to the monitoring the quality of service provision, supporting new staff with induction training and respecting people's privacy and independence. You can see what action we told the provider to take at the back of the full version of this report.

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 not consistently safe.

Not all staff understood the action they needed to take should anyone have concerns about people's safety and they had not all been trained, but they understood the causes and signs of abuse.

There were safe recruitment and selection processes in place, but there were not sufficient experienced staff at all times to undertake all tasks without leaving people unsupervised.

The administration of medicines was safe when people were at the service, but not guaranteed when they were out in the community as the procedure was not clarified for staff.

Is the service effective?

Requires Improvement

The service was not consistently effective.

The amount of initial training provided before staff had full responsibility for people in their care was insufficient to meet people's care needs effectively.

Experienced staff received regular training, were supported and had an understanding of people's care and support needs, but information needed to provide appropriate care was not all made accessible to staff.

People's mental capacity was assessed and any restriction on liberty was managed in line with legislation and guidance.

Each person was involved in preparing their own food and in planning how their health needs were met.

Is the service caring?

Requires Improvement

The service was not consistently caring as staff were not fully respecting people's privacy, but they had developed some positive caring relationships.

People were supported to maintain and develop relationships with family and friends and information was available to people about advocacy services.

Is the service responsive?

Requires Improvement

The service was not consistently responsive, as new staff were not fully aware of individual needs.

People's interests and preferences were respected and taken into account in planning their care.

People were listened to if they had complaints and appropriate responses were given.

Summary of findings

Is the service well-led?

The service was not consistently well led.

The registered manager met regularly with team leaders who passed information to the rest of the care staff to help them to work as a team.

Systems were in place for the registered manager to monitor and audit the quality of the service provided. However, not all areas of the service were checked regularly and the registered manager was not aware of some of the care practices staff were using.

Requires Improvement

Woodlands - Innova House CLD

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 7 October 2014 and was unannounced.

The inspection team consisted of two inspectors.

Before the inspection the registered manager completed a Provider Information Return (PIR) on behalf of the provider. This is a form that asks the provider to give some key information about the service, what they do well and improvements they plan to make. Before our inspection, we reviewed the information included in the PIR along with information we held about the home and all the other information we hold about the service, including the notifications we had received about incidents. A notification is information about important events which the provider is required to send us by law.

We also contacted the commissioners of the service to obtain their views about the care provided in the home.

During the inspection we spoke with four of the people who used the service, the registered manager, a senior team leader and five care staff. We looked at the relevant parts of the care records of two people, the recruitment and training records of three care staff and other records relating to the management of the home.

Requires Improvement

Is the service safe?

Our findings

Staff on duty that we spoke with were inconsistent in their understanding of safeguarding procedures and they had not all been trained about keeping people safe, but they understood the causes and signs of abuse. One experienced care staff member told us they had used a workbook for their training in safeguarding people and also told us about practical training in crisis prevention and intervention (CPI). They said it was important to know how to physically restrain someone safely. They also told us how they could recognise when one person may need other assistance to calm them or distract them so that physical restraint would not be needed. We saw how some of the techniques to be used were described in people's care.

However, other staff did not have the same level of understanding. One staff member was unable to tell us anything about what was meant by safeguarding people from abuse or the safeguarding policy and procedures, but said they would always make sure people were safe. Another member of staff told us they had not had any specific training in the subject, but both of these staff said they would inform a team leader or the manager if they had any concerns about anyone. One team leader had full awareness of the procedure for referring to the local authority or police should there be a need to investigate any allegation of abuse, but another said they would investigate it themselves.

Due to these inconsistencies we were not sure that all suspicions or allegations of abuse would be appropriately investigated and the registered manager told us further training would be given. The registered manager had notified us of some previous allegations and described appropriate management of the incidents. They cooperated with investigations, taking action and making improvements where needed.

We talked with people about whether or not they were protected from harm. One person said, "I feel safe here." Another told us, "I don't think any of the staff could hurt anyone and no one is violent here."

There were safe recruitment and selection processes in place. Staff we spoke with told us they had been through a formal recruitment process that included an interview and a range of pre-employment checks. We saw records that confirmed that all required checks were completed before staff began work.

One person told us they had been assessed as needing a member of staff with them when they went shopping. The person agreed with this, as they felt the risks were properly assessed. They told us that staff helped to make sure they didn't lose money and stopped any strangers bullying them. The registered manager told us in the Provider Information Return (PIR) that risk assessment management plans outlined the risks for each individual in specific situations. We saw examples of detailed risk assessments on files.

One staff member told us of action they needed to take in the event of a fire in one of the houses and fire evacuation drills were undertaken regularly. We saw individual evacuation plans on people's files, so that it was clear what support would be needed with each person.

Some of the detailed risk assessments were kept in a locked office and we were concerned that they were not made available to all new staff. One of the staff was unable to tell us of any risks posed to one person if they accessed their garden. When we checked the written information we saw there were risks to the person if they accessed the garden alone, but this staff member did not have the information from the risk assessment. Following our discussion with the registered manager action was taken to make the relevant information available to staff.

Two people told us they thought there were enough staff around in the daytime, but they did not always know where they all were. During our visit, we found there was one member of staff allocated to each of the five houses. A senior team leader was in addition to this, but was not available at all times. The registered manager was based in a separate administration office next to the houses. One of the staff told us that the number of staff to cover the five houses was never less than five during the day and there were additional staff on duty if people needed to go to appointments. So, they felt there were enough staff to keep people safe.

However, there were three occasions, which we were aware of during our inspection visit, when one person was left inside a house, unsupervised and alone. The care plan specified that this person needed constant supervision to

Requires Improvement

Is the service safe?

ensure they were safe. We observed that the member of staff locked the person in the house. One of the staff told us that they took the precaution of locking away certain items when the person was left alone. They said they needed to leave the person whenever they wanted to speak to another member of staff or when two staff were needed to count money. Another staff member told us that people were left alone when their allocated member of staff assisted with medicines in other houses.

The registered manager told us staff were instructed to leave a person alone in an emergency only. She said that each of the staff had emergency communication devices, but these were only for use when urgent assistance was needed. The team leader was the only person with a telephone to contact the main office for any other reason.

So, although there were employed staff in the grounds and they were allocated to support people individually, there were not always enough staff that were sufficiently experienced to carry out all the daily tasks at all times. This meant there were some interruptions to them spending their time supporting people who needed individual attention, due to the way they were deployed. The registered manager was not aware that people were left alone and at risk of harm. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We discussed our concerns with the registered manager and on the second day of the inspection, action was taken to ensure the senior team leader gave greater support, so that staff did not have to leave people alone in their houses.

Two people told us the staff looked after their medicines and they were satisfied that the staff always brought their prescribed medicines to them at the correct times. One of the staff told us they regularly administered medicines and had received training from the pharmacist to ensure they did it correctly. Following their training they had been observed five times by senior staff to ensure they were confident and competent.

We saw that all medicines were held securely in a locked cupboard in one of the houses. We observed one person receiving their medicines, which were transferred to a locked carry case and then carried by staff to the person's own house. Two staff were always present when medicines were given. We saw the medicine administration record (MAR) sheets that were used to record when people had or had not taken their medicines. We found that medicines given to people at the service were recorded and initialled by two members of staff for each medicine taken. There were some gaps in these records and we found they corresponded to periods of time when people were away from the service. The MAR sheets did not show whether or not people had received their medicines at those times.

One person told us about the procedure for taking medicines when they were away from the service and confirmed that they had independently taken them during the previous weekend. We looked at the policy for administering medicines and found no information was included for staff about how they should record the medicines taken when people were away from the service. The registered manager was not aware that staff did not make any record of medicines leaving the premises.

Requires Improvement

Is the service effective?

Our findings

People we spoke with, that used the service, told us that half the staff seemed to know what they were doing, but not the other half as they had not worked at the service for very long. We observed that some staff frequently had to find another member of staff to ask for assistance or advice.

One staff member told us they had received the 'rules and regulations' for staff to follow during their induction and would ask a more experienced staff member if there was something they did not know. The registered manager explained that each new staff member had an induction package and this is what the staff member had referred to as 'rules and regulations'. They spent one day at each of the provider's locations before starting work. This meant they had one day to observe care and support at this service before they were part of the staff rota and responsible for one of the houses.

One member of staff had completed one shift at the service prior to the day of our visit and was not fully aware of the needs or interests of the people they were supporting. Another staff member had very limited information about individual people's needs. They told us they had not read the care plan of the person they were supporting, but had read a "grab file". This gave some basic information about a person's needs. We saw the member of staff was sitting in the lounge, but was not interacting with the person at all. We asked if the person could access their rear garden and the member of staff did not know if they were allowed to or not as this information was not available. Staff told us that records could not be kept in people's own homes as other people who used the service would also have access to them. We found that information was difficult to access without staff having to leave the people they were supporting and going to another house or the administration building nearby. This meant that the amount of training and information provided before staff had full responsibility for people in their care was insufficient to meet care needs effectively. This was in breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Experienced staff told us they had received regular training and had some planned during the next two weeks. They also told us they had individual supervision meetings with a team leader and the registered manager said these meetings were planned to take place every six weeks. We saw that senior managers had identified training needs in relation to supporting staff to meet the complex and changing needs of people who used the service. There was a training plan. We saw that some training was provided within the service and they had also worked with outside agencies to develop and implement some bespoke training. So, although there was insufficient initial induction training, there were opportunities for staff to increase their knowledge to meet the needs of the people they supported. One experienced member of staff told us, "People are well looked after here. We make sure they have everything they need." Although new staff did not have information about people, experienced staff who spoke with us had an understanding of people's care and support needs, in particular how to support people when they became anxious.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS is a code of practice to supplement the main MCA 2005 code of practice. Training in the MCA and DoLS was part of the training planned for all staff. The service was following the MCA code of practice and making sure that the people who may lack mental capacity in some areas were protected. Appropriate assessments were contained in the care plans.

Some people were deprived of their liberty in order to receive the care and support they needed. For example, being escorted by staff wherever they went. The registered manager told us she had recently made applications for DoLS for four people. One had been assessed by the local authority so far and an assessment for a second person was also in progress. There were interim plans in place to safeguard those that had not yet been assessed. We identified that an additional person was not able to choose to go out without supervision and had a member of staff watching them for 14 hours each day without any choice. An application had not yet been made in respect of this person, but the process was started on the second day of this inspection. Meanwhile, it was determined that the plan was in the person's best interests under the MCA. We observed staff with other people and saw that they gave people choices of what they wanted to do. Two staff said that they felt it was important to assume everyone had the mental capacity to make decisions.

Requires Improvement

Is the service effective?

One person explained how they worked with a member of staff to cook a meal on some days. Another person told us that they prepared their own breakfast, but support staff did the rest of the cooking. All the people we spoke with told us they had enough to eat and had guidance from staff about healthy eating. We saw there were appropriate written plans that clarified the support people needed with preparing meals to ensure they always received appropriate and sufficient amounts to eat and drink.

There was a health action plan for each person. This type of plan is a way of supporting people to achieve and maintain good health. It allows each person to be fully involved and their plan to be focused on what was important to them as well as the support they need. One staff member told us that each person was fully involved in this process and completed their own health action plan.

People told us they had support from staff in seeing their doctor and when they went to the dentist. The local authority confirmed that all people they were involved with that lived at the service were receiving positive health care and attended appointments with GPs and dentists as needed.

Requires Improvement

Is the service caring?

Our findings

The staff at the service were not consistently respecting people's privacy. People told us they were fed up with staff walking into their houses, whenever they wanted. One person told us, "People are coming in and out all the time and it causes friction." Another said, "They always knock before coming into my bedroom, but they just walk straight into all other rooms. The manager told me this is my home, but the staff don't respect that."

A third person said staff knocked on their house door, but walked in at the same time without proper warning and not allowing them the chance to answer the door themselves. They said, "Sometimes they just run in, pick something up and run out again. They don't even speak to me." The registered manager told us there was a three knocks policy. This meant that staff should knock on the door and wait to give the occupant time to answer the door. Only after trying this three times should they enter. We saw this was not followed by any of the staff on duty. In practise, staff were not respecting people's privacy or promoting their independence to answer their door themselves and decide whether or not to admit people to their personal space. This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

One person told us, "When I need support staff are ok. They treat me well and I can talk to them about any worries I have." A second person said, "Some staff are alright and talk to me, but the newer ones just stand and stare." Another person also told us, "I don't get on with half the staff here, they are just irritating and don't even know how to speak to people." The same person told us that they did have good relationships with the experienced staff that had been working with them for quite some time and they felt they cared about and respected them.

People were supported to maintain and develop relationships with other people using the service and, where possible, to maintain relationships with family and friends. One person told us about regular visits with family and another said that staff supported them to have regular telephone contact with family members.

Two people told us they had been involved in the decision making process about the support they needed and had weekly one to one meetings with a key worker to discuss any changes they wanted to make to their plan. We saw records of some of these meetings. Two people told us their family members were helpful in making sure they could express their views. The registered manager told us that advocates were available to people. We saw records that showed that Independent Mental Capacity Advocates (IMCAs) had been appointed for some people that lacked full mental capacity. There was also information about other advocacy services.

Although we did not see many interactions between people who used the service and staff, we saw that people were relaxed in staff members' company and staff were kind and attentive. One staff member told us, "It is important to let people speak." We saw this same staff member offer reassurance to one person who was becoming distressed. The person found this calming and helpful.

Requires Improvement

Is the service responsive?

Our findings

We spoke with four people who used the service and they told us that they were supported to undertake the activities they chose. One person told us about voluntary work they were involved with and another told us about using the activity centre to access computer games during the evening. We saw one person taking part in craft activity in the activities centre. One person told us, "I've been here a long time and they know what I like to do and what support I need."

The registered manager explained the referral and assessment process for when people first used the service. She told us that she received basic information from local. When a person started using the service the registered manager compiled a full assessment of need and developed a support plan with the person's involvement. We saw two examples of the full assessments and people's interests and preferences were recorded in detail. These led to full care plans and although new staff had not had the opportunity to see and read the files, people told us they were supported to follow their interests.

There were some new staff who were not aware of all the information about each person. However, experienced staff were well aware of people's needs and interests. One experienced staff member said, "We try to support people to achieve their goals." This was confirmed by one person who used the service as they had been supported to pursue their hobby of fishing. We observed that staff were responsive to people's needs and two people told us about individual support they received with shopping. People told us about individual support they received with shopping. One staff member told us they had been out shopping with one person during the morning. The person found the trip tiring and chose to sleep on the sofa afterwards. The care staff allocated were respecting this choice by quietly letting the person sleep. We saw other people chose to watch their favourite television programmes and one person was undertaking cleaning activities by choice.

One person told us, "I've got a copy of the complaints procedure in my bedroom. The manager is good at responding when we need to tell her anything. I can talk to her." Another person said, "When I make a complaint, the manager comes to see me the next day."

We saw how the provider managed complaints. We saw that they had responded to one complainant using a pictorial format that was easy to follow. Confirmation that people were satisfied with the outcomes of complaints was recorded in their own files.

Requires Improvement

Is the service well-led?

Our findings

We saw that there were systems in place for the registered manager to monitor and audit the quality of the service provided. We saw that the registered manager and senior team leaders carried out weekly audits of records. From these checks the actions for improvement were identified and were passed on to the rest of the staff.

However, not all areas of the service were checked regularly and the registered manager was not aware, until we told her, that staff were locking a person in their house at times when there was no emergency or urgent reason to do this. She was also not aware that the induction training was insufficient for new members of staff to effectively meet people's needs without further guidance. She did not know medicines were not being recorded when a person was away from the service. Also, unknown to the registered manager, none of the staff were following the policy about knocking on doors and this had an impact on people's dignity and independence. This showed that the checking systems were not effective in ensuring the quality of the service and this was in breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010

One experienced staff member said, "The team work well together." A team leader told us that there were regular meetings involving team leaders and managers for all the provider's services and that information was passed individually from team leaders to the rest of the staff. Records of the last meeting of team leaders showed that actions staff needed to take were clarified. Two staff told us that communication was very good between managers and staff. When the registered manager was on site she led by example and staff told us they gained knowledge by observing the registered manager and team leaders.

However, staff spent most of their time working in isolation without the team leader or registered manager present. New staff said they often left people to ask other staff things they did not know about.

The registered manager told us in the provider information return (PIR), "I hold individual staff meetings at each site and promote regular service user meetings." However, the general manager, who represented the provider, told us that staff meetings had not worked and no longer took place, so this had changed since the information was submitted to us. Staff told us they found the system of team leaders passing on information worked well and they also had small meetings as needed.

Two people that used the service told us they never had formal meetings, but they knew everyone, as the service was small. They said they sometimes discussed things with each other informally and then one person would speak to the registered manager. One person told us they had received support from a staff member they knew well to help them talk to the manager about something. Another person said they had sometimes told a team leader they wanted to talk to the manager and a meeting had been arranged the following day.

The registered manager told us she was available on four days each week and was based in the provider's administration office near to the service. In her absence, on other days, management tasks were shared between a registered manager of another service close by and with a senior team leader for Woodlands.

The registered manager and the general manager both told us how they had implemented changes following recommendations made by outside agencies. For example, the registered manager told us that they were regularly changing care plans and updating them, as the local authority had requested.

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 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 17 HSCA 2008 (Regulated Activities) Regulations 2010 Respecting and involving people who use services **Staff did not fully respect the privacy of people who used the service.** **Regulation 17 1(a)**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff **The amount of training provided before staff had full responsibility for people in their care was insufficient to meet care needs effectively.** **Regulation 23 1(a)**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers **Not all areas of the service were checked regularly and the registered manager was not aware of all areas in need of improvement.** **Regulation 10(1)**