Mrs P L Webb

# Imber House

## Inspection report

412 London Road South
Lowestoft
Suffolk
NR33 0BH

Tel: 01502500448

Date of inspection visit:
11 December 2015

Date of publication:
23 March 2016

## Ratings

| | |
|---|---|
| Overall rating for this service | Requires Improvement |

| | |
|---|---|
| Is the service safe? | Good |
| Is the service effective? | Requires Improvement |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Requires Improvement |

# Summary of findings

## Overall summary

Imber House is a care home providing care and support to a maximum of five people living with a learning disability. At the time of our visit there were five people using the service.

The inspection was unannounced and took place on 11 December 2015.

The service is not required to have a registered manager, as the provider is in day to day running of the service. 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 requirements in the Health and Social Care Act 2008 and associated regulations about the service is run.

People told us they felt safe living in the service, People's relatives and health professionals involved in their care felt the service was safe. There were clear plans in place to reduce the risks of people coming to harm. Staff and the provider understood their role in supporting people to keep safe.

People's relatives told us, and our observations confirmed that there were enough suitably qualified, trained and supported staff to meet people's needs. Staff told us they received the training they needed to carry out their role effectively, and that they were supported to do their job.

There was a robust recruitment procedure in place to ensure that prospective staff members had the skills, qualifications and background to support people.

Medicines were stored and administered safely. The provider was able to identify errors in medicine administration, but improvements are required to ensure that the provider is able to evidence this with records.

The service had not made the appropriate Deprivation of Liberty Safeguards referrals for people using the service following changes in legislation. However, people using the service were supported to live their lives in the way they wished and make important decisions independently.

People were supported to live full and active lives, and engage in meaningful activity within the service and out in the community.

People and their representatives were aware of the support they should receive from staff. However, improvements were required with regard to how people are involved in the planning of their support in the future, and how their views are reflected in their care records.

Improvements are required to ensure that the provider can evidence that there is a robust quality assurance system in place capable of identifying shortfalls.
There was an open culture at the service. People's representatives said they felt able to make suggestions

and give feedback. However, improvements were required in order to put in place a formal system for obtaining the views of people using the service, relatives and other relevant persons such as healthcare professionals. Staff told us they felt confident in raising concerns or making suggestions to their manager.

There was a complaints procedure in place and people knew how to complain if they were unhappy.

## 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.

There were enough staff to meet people's needs. Robust recruitment procedures were in place.

People's medicines were managed, stored and administered safely.

Risks to people's safety were planned for, monitored and well managed by the service. Staff knew how to recognise abuse and understood the safeguarding process in place at the service.

### Is the service effective?

**Requires Improvement**

The service was not consistently effective.

Staff received the training and support they required to carry out their role effectively.

People had access to a choice of nutritious food and drink which met their needs.

Consent was obtained appropriately. However, improvements were required to ensure that the service complied with changes to legislation around the Deprivation of Liberty Safeguards.

### Is the service caring?

**Good**

The service was caring.

People told us the staff were caring and showed them kindness and understanding.

Staff demonstrated they knew people well and had formed close bonds with people.

Improvements were required to ensure that people are actively involved in the planning of their care.

### Is the service responsive?

**Good**

The service was responsive.

People received support which was planned and delivered in line with their personalised care plans.

People were encouraged and supported to make complaints. Improvements are required with regard to how people's feedback on the service is obtained and used to inform changes to the service.

People were supported to be independent and engage in meaningful activity and stimulation.

## Is the service well-led?

**Requires Improvement**

The service was not consistently well-led.

Improvements are required to ensure that the provider has in place a robust and recorded quality assurance system.

Improvements are required in how the views of people, their representatives and staff are used in the on-going development of the service.

# Imber House

**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 11 December 2015 and was unannounced. The inspection was undertaken by one inspector.

The provider completed a provider information return (PIR). This is a form that asks the provider to give key information about the service, for example, what the service does well and any improvements they intend to make. Before the inspection we examined previous inspection records and notifications we had received. A notification is information about important events which the service is required to tell us about by law.

People using the service were not always able to communicate their views on their care to us. We spoke to people's relatives and health professionals involved in their care as well as carrying out observations to assess their experiences. We spoke with two people who used the service, two members of staff and the provider. We also spoke to the relatives for three people and healthcare professionals involved in the care of four people using the service. We looked at the care records for five people, including their care plans and risk assessments. We looked at two staff recruitment files, medicine records, minutes of meetings and documents relating to the quality monitoring of the service.

Good

# Is the service safe?

## Our findings

People told us they felt safe in their home. One person said, "Safe yes." Another person pointed to the provider and said, "Make me feel safe." Three relatives told us they had no concerns about their relative's safety. One said, "I have no worries, I know [relative] is very safe." Another told us, "Safety is of upmost importance to me and I have no need to be concerned with safety at the home."

There was a set of detailed risk assessments in place for each person using the service. These clearly set out the risks to the individual and how staff should support people to minimise these risks. These assessments included potential risks such as using kitchen equipment and visiting the community independently. Care was taken to ensure that where staff supported the person to minimise risks, this was done in a way which did not restrict the person's freedom. We observed that staff were proactive in reducing the risks to people by supporting them with tasks. For example, we observed the provider supporting one person to make their lunch using kitchen equipment safely.
Staff demonstrated that they knew how to recognise abuse and understood the safeguarding policies and procedures in place at the service. Staff understood what external organisations they could whistleblow to if they had concerns about someone using the service.

People's relatives told us they felt there were enough staff to support people using the service. One relative said, "The [provider] is always there because [provider] lives upstairs. There are always more than enough staff and when [relative] wants to go somewhere there's always someone available to go with them." Another relative told us, "[Relative] always has someone with [relative]. The staff are really good." Two healthcare professionals told us they thought there were enough staff. One said, "They always turn up to their appointments with someone, they seem to have good bonds." Another told us, "[Person] gets really good support and seems to get the input and attention they need." Two staff members told us they felt the staffing level was appropriate. One said, "We are such a small team that we can sort shifts between ourselves. If someone's ill or off then we all do our best to cover. [Provider] is always here too so we never go short."

There were robust recruitment procedures in place to ensure that prospective staff had the appropriate skills, qualifications and background for the role. Several new staff members had been recruited recently, and records confirmed that relevant checks had been carried out on these staff members before they started work. For example, appropriate checks were carried out to ensure that the staff member did not have any relevant criminal convictions which would make them unsuitable for the role.

Medicines were stored, managed and administered safely. Where people were administered 'as required' medicines (PRN), there was information available to guide staff on when it would be appropriate to administer these medicines. The provider regularly checked the medicines administered against the medicine records and had picked up one anomaly prior to our inspection which we also identified. Whilst the system was capable of identifying issues, these checks were not formally recorded. The provider should consider implementing and recording formal checks in future so that possible errors in medication could be tracked and monitored for trends. The service was inspected once per year by the supplying pharmacy. The

last inspection did not identify any issues that needed addressing.

Requires Improvement

# Is the service effective?

## Our findings

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).

We checked whether the service was working within the principles of the MCA.
Staff asked for people's consent before supporting them with tasks. For example, we saw staff asking people if they could help them with preparing meals or with carrying out personal care. People were supported to live their life as independently as possible. One person told us, "I go out when I want. Walk to the shop later. Just been to club." The provider said, "Some people need more support but most people go off and do their own thing but know we are here if they need us." Staff members we spoke with, and the provider, understood the importance of obtaining people's consent and supporting them to make choices independently.

Whilst people were supported to live their lives independently, the provider was not up to date with changes in legislation around the DoLS and had not made referrals to the local authority where appropriate. We were assured through our observations, speaking to relatives, healthcare professionals and people using the service that people's rights were not being restricted. However, the provider needs to implement a system in future to ensure that they are aware of and kept up to date with changes to best practice with regards to the MCA and DoLS.

Observations and conversations with staff, relatives and people's healthcare professionals told us that staff had the training and support required to deliver safe and appropriate care to people. Records showed that staff had access to appropriate training in key competencies to their caring role, such as training in safeguarding, health and safety and working with people with a learning disability. People's relatives told us that they felt the staff were well trained. One said, "They're very in tune with [relative] and have a good knowledge of things." Another told us, "I don't have any concerns about their ability to care for [relative]. They're all very professional and very good." The provider explained that staff were able to request training as they wished and were supported to obtain higher level qualifications to improve their knowledge of the role. Staff we confirmed this, saying they felt, "Well trained," and could, "Ask for anything extra we want."

Staff told us they felt well supported by the provider and felt free to go to them with issues or concerns. One said, "Because we are such a small team it's really close knit." The provider explained that as there were only a few staff that worked at the service, they did not regularly have formal meetings as it was difficult to get people together at the same time. However, we were shown a handover and communication book which staff used to communicate messages to other staff and changes in people's needs. Staff told us this system worked for them, one said, "The book is good because we each fill it in at the end of the shift saying how

each person was and if there's anything they said they want to do later or if the next staff member needs to know they're ill. We always read it when we first get on so it's good." Whilst staff felt well supported, they did not receive formal supervision with their manager to discuss personal development. The provider should consider introducing a formal supervision and appraisal system in future.

We observed that people were supported to make choices about their food and drink. We saw one person being asked what they wanted for their lunch before being supported to prepare it. The provider told us that people always had a choice of meals, and if they didn't want what was being cooked that evening they could choose an alternative. The provider also said that some people chose to go out for meals and staff were available to support them with this. A relative told us, "[Relative] eats well." Staff were able to tell us how they supported people to maintain good nutrition and hydration, including prompting people to drink enough to prevent dehydration.

People were supported to access support from external healthcare professionals where required. For example, the provider and staff told us that people were encouraged and supported to visit services such as GPs, mental health related services and dentists in the community. However, they said that if a person was really unwell or didn't want to go out then the doctor would visit them at home. One person said, "I like my dentist, just down the road."

Good

# Is the service caring?

## Our findings

People told us they liked the staff. One said, "[Provider] really nice. I have known [provider] ten years." Another person nodded when we asked if they liked the staff. One other person told us, "They are nice and friendly and I like them." Relatives we spoke with were also positive about the caring attitude of staff. One said, "The staff are very tuned in to [relative's] wants and needs. They get along like a house on fire." Another told us, "They care very much genuinely I think. [Relative] can't say a bad word about them."

We observed that staff had a kind, caring and compassionate attitude towards people using the service. Observations concluded that staff knew people very well, and had worked with people in some cases for over ten years. People had close bonds with staff who were understanding of their feelings. When staff told us about people, they spoke about them affectionately. One staff member said, "They are my second family."

Relatives and healthcare professionals told us that people were supported to be as independent as possible. One relative said, "[Relative] is very independent, [provider] allows [relative] to do whatever they please." A healthcare professional told us, "I often see [person] on their own. They'll walk down themselves or get a taxi. It's good to see their independence."

We observed that people had their privacy and dignity respected. For example, we saw that people were supported to spend time in their bedrooms independently without disturbance where they wished for this. Staff told us that they supported people to carry out as much of their personal intimate care as possible to uphold their dignity. People's care records reflected this.

People's care records reflected their preferences, likes, dislikes, hobbies and interests. However, improvements were required to ensure that people and their representatives were involved in their care planning and aware of what was care planned for them. The views of people and their representatives should be reflected in care planning and assessments. The provider said they were planning to discuss this with people and their families to ensure they felt as if they had more ownership and control over the support they received.

Good

# Is the service responsive?

## Our findings

People's care records reflected their needs in detail, and were personalised to each individual. These records clearly documented what support people required with daily living tasks such as preparing meals and attending to their personal care. Staff demonstrated a good knowledge of people's needs and what support they required on a daily basis.

Staff and the provider demonstrated an in depth knowledge of people's hobbies, interests, likes and dislikes when talking to us and when speaking to people using the service. Staff demonstrated knowledge of people's daily and weekly routines and what they enjoyed doing inside the service and out in the community. Care records clearly reflected what support people required to engage in meaningful activities which they were interested in, and to access activities and events in the community. We observed staff speaking to people about what they had planned to do together at the weekend. One person said, "We are going to [restaurant] with [person]." Another person told us about their weekly routine and what clubs and activities they attended in the local community. The provider told us that people were provided with support to access the community where needed but that most people were encouraged to attend activities on their own. A relative said, "[Relative] has a better social life than me, always out and about and comes and goes as [relative] pleases." Another relative told us, "People seem to just go off and do their own thing; they're not all lumped into one box and made to do the same things. [Relative] is always telling me about what they've been up to." A healthcare professional said, "Most [people] are independent, they'll come and visit us on their own or with staff support. Sounds as if they do what they please." This ensured people were encouraged to develop independence and living skills.

People's relatives told us they felt free to visit whenever they wished without restriction. One said, "Any hour of the day. They are happy for me to just make plans directly with [person] too which is nice." Another relative told us, "They'd never stop me coming in, it's like a family there and we are all in it together." This was positive as it reduced the risk of people becoming isolated.

People and their relatives told us they knew who to go to if they were unhappy about something. One person said, "I would tell [provider]." One person's relative said, "I've never complained, wouldn't need to, everything is great but I would talk to [provider] if I wanted to." Another relative told us, "Yes, I'd just get in contact with [provider] any time." The service had not received any complaints. However, there was a clear policy and procedure in place should anyone make a complaint in future.

Whilst people were supported to live their lives as autonomously as possible, there was no formal system in place to assess the views of people and their representatives on the service to inform continuous improvement. The provider should put in place a formal system to obtain the views of people using the service, their representatives, staff and healthcare professionals. This should be used to inform continuous improvement and development of the service provided to people. The provider confirmed in discussions that they would look into implementing this.

Requires Improvement

# Is the service well-led?

## Our findings

People using the service, their representatives and other health professionals involved in people's care were complimentary about the provider and the service. A relative told us, "[Provider] is great with [person]. I couldn't ask for more." Another relative said, "It's a really nice little home. [Provider] is always around, always on the end of the phone. [Person] is very well looked after." A health professional told us, "It's a very nice home. [Provider] and staff work well with us, there is good two way communication and they take advice well." Another health professional commented, "All the staff are very welcoming and [person] has come along great at the home."
Whilst the service people received met their needs, improvements were required to implement a robust quality assurance system capable of identifying shortfalls. At the time of our visit the provider acknowledged that there was no recorded audit or quality system in place, and said they were aware this was an area for future improvement. They told us about the checks they did complete, including spot checks on staff practice, checks on people's care records and checks on the cleanliness of the service. However, they were unable to evidence these checks because no records were kept. We were unable to ascertain whether or not the provider's system was capable of identifying shortfalls and how it was used to ensure the constant development and improvement of the service.

The provider was not monitoring incidents and accidents for trends. However, incidents and accidents occurred very infrequently at the service and the provider had a good level of oversight over people's changing care and support needs. The provider should consider implementing a formal incident monitoring system in future to identify if there are any trends in incidents in future. This would allow them to take prompt action to protect people in the event of repeat incidents such as falls.

The provider of the service promoted a culture of openness, honesty and transparency at the service. Whilst formal team meetings were not held due to the small size of the staff team, staff and the provider told us that regular discussions took place around people's needs. However, improvements were required to ensure that discussions with staff took place regarding the on-going development and improvement of the service, as well as the on-going professional development of the staff team.

Improvements were required to evidence how people using the service and their representatives were involved in the on-going development in the improvement in the service, as well as making decisions about their home.

During discussions with the provider, we noted that they were not aware of changes that had taken place with regards to the new legislation under the Health and Social Care Act and changes in legislation around the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. The provider did not have any links with other care homes in the area to share best practice. Improvements are required with how the provider keeps up to date with best practice and changes in legislation.

Improvements are required to ensure that the provider has in place a clear set of aims and goals for the future of the service, and that these are shared with and reflected by staff working for the service.