Inroads (Essex) Ltd

Inroads Open Care

Inspection report

Hadleigh Business and Learning Centre
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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?	**Good**
Is the service responsive?	**Requires improvement**
Is the service well-led?	**Requires improvement**

Overall summary

The inspection took place on 20 and 23 November 2015 and was announced. Inroads open care supports people with a Learning disability in two supported living settings. On the day of our visit there were seven people using the service. We visited one supported living service where five people lived.

The inspection was announced as this domiciliary care agency supported people in supported living settings and we wanted to make sure that someone would be available when we visited.

A new manager had recently been appointed and had applied to become registered. This application was being assessed. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

People who lived in the service appeared very happy and looked at ease with staff. They were not all able to talk to us about the support they received so we spoke with their relatives who were largely positive about the service.

Staff were knowledgeable about the signs of abuse, and the actions that they would take should they have a concern. Medicines were safely stored and administered as prescribed.

Risks were identified and steps were taken to minimise the impact on individuals. However there was a need for greater oversight of risk and more detailed analysis of areas such as restraint.

Staff recruitment records demonstrated that the provider took the necessary steps to ensure that they employed people who were suitable to work at the service. We found that there had been staffing shortfalls and this had impacted on individuals ability to access the community. Considerable recruitment had been undertaken to address this and staff were in the process of being inducted to the role. We saw that training was provided on an ongoing basis and this included how best to support individuals who present with distressed behaviour. We identified that there were gaps in some of the update training and this needs to be managed in a more proactive way. None the less the staff we spoke with were knowledgeable and a number had worked at the service for some time. Supervision was not always taking place regularly but staff told us that managers were approachable and we saw that the provider had a plan to address this.

People received a varied choice of nutritional meals. People health was monitored and they had good access to health care support.

People's care needs were assessed and care preferences identified. Care plans were informative and staff were aware of people's needs. Staff recognised the importance of leading a full life and we saw examples where people were supported to fulfil their aspirations. However this was not consistent across the service and further efforts could be made to promote individuals independence and their interests.

Staff were motivated and had good relationships with the people living in the service and their relatives.

Audits had been undertaken and a number of the areas that we identified had already been highlighted by the provider as areas for improvement. There was an action plan in place and work had begun to address the areas that had been identified. However the changes had not yet been imbedded so it was too early for us to assess whether the service had made sustained progress.

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

Risks were identified but not always fully analysed.

Staffing levels did not always meet the needs of people using the service.

Staff knew how to respond to concerns.

Medicines were managed safely.

Is the service effective?

Requires improvement

The service was not consistently effective.

Staff felt that they were supported although supervision was not always taking place as per the company procedures.

Staff received training to meet the needs of individuals using the service however updates were not always timely.

Staff had a good understanding of consent

People were supported with their health and to maintain a good nutritional intake.

Is the service caring?

Good

The service was caring.

Staff knew the needs of individuals using the service and developed warm caring relationships.

People and their relatives were consulted about their care.

Peoples dignity was promoted.

Is the service responsive?

Requires improvement

The service was not consistently responsive

Care plans were detailed and informative and were in the process of being updated.

We saw some good examples where individuals were supported to lead a full life however this was not consistent throughout the service.

Procedures were in place to address complaints.

Is the service well-led?

Requires improvement

The service was not consistently well led.

Audits had been undertaken and areas for improvement highlighted. Work had begun to address these areas but it was too early to measure progress.

Summary of findings

Staff were clear about their roles and responsibilities. The culture was open.

Inroads Open Care

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 the 20 November 2015 and was announced. The provider was given 24 hours' notice because this was a supported living service and we needed to be sure that someone would be in.

The inspection team consisted of one inspector.

Prior to our inspection we reviewed information we held about the service, in particular notifications about incidents, accidents and safeguarding information. A notification is information about important events which the service is required to send us by law.

The service was providing support to individuals in two supported living services; we visited one of the services as part of our inspection. The provider told us that they were not providing services to children at this time.

The people who used the service were not able to tell us about the support they received but we observed interaction between staff and individuals. We spoke with four relatives and interviewed six staff, the manager and one of the company directors.

We reviewed three support plans, recruitment files, and records relating to the quality and safety monitoring of the service.

Requires improvement

Is the service safe?

Our findings

Relatives told us that the care provided was good. One person said, "My relative has thrived there." Another person said they knew that their relative was happy there as "My relative comes home but then asks to go back."

People received care from staff who knew them. The service was almost fully staffed after a period of high staff vacancies. A recruitment drive had been successful and several new staff were in the process of doing their induction. Staff told us that efforts were made to schedule a combination of new and experienced staff to ensure that the skill levels met people's needs. All the young people living in one of the supported living services had a baseline of one to one staffing but had been assessed as requiring two staff for specific activities such as accessing the community. Staff and relatives told us that people were not receiving their assessed levels of staff. Relatives said that this had impacted on their relative as they had not been able to access the community as much as they would have liked them to. The management of the service acknowledged that because of staffing levels they had not always been able to provide two staff but they told us that they had a plan to address this and we saw that some progress had been made.

We looked at the recruitment of staff to check that they operated a safe and effective system. We examined four staff files and saw that an application form was completed, records were maintained of interviews and references were requested from individual's last employer. Disclosure and barring checks were in place.

Risks to people health and safety were identified but not always analysed. We saw copies of assessments and management plans which set out the steps that staff should take to reduce the risks. For example we saw risk assessments in place for transport and for going into public places. The risk assessments and the associated management plans provided staff with information about potential triggers and guidance on how to keep individuals and other safe from harm. Risk analysis was not however well developed and we did not see evidence of ongoing review of incidents and accidents to look at learning and whether further actions were needed. For example there was no ongoing analysis of the number and length of seizures. We also saw that incidents of restraint were recorded but could not see evidence that individual incidents were reviewed to identify trends and effectiveness of this intervention.

The provider had procedures in place to guide staff in the event of an emergency. Staff confirmed that they had received training in areas such as fire safety and knew what to do in an emergency.

Staffs had a good understanding of what was a safeguarding issue, but were not all clear about the role of the local authority. Staff told us that they had all undertaken training in what was abuse and whistleblowing and would raise issues with the management of the service. Staff told us that they were confident that their managers would address any concerns and take them seriously. The service had safeguarding leads and staff we spoke with knew who they were and that they could approach them for advice. We saw that in the past an incident had been viewed as a management issue rather than as a safeguarding but could also see that there had been learning from this and there was recent evidence of the service being more proactive and contacting the safeguarding team. We saw that the service had already identified that the training needed to be updated and we saw that this was in process. Staff said they completed body maps to record bruising. One member of staff said they record everything, "Even if one of the individuals has a scratch." Relatives told us that staff were very alert to issues such as bruising and kept them informed. One relative however told us that there were sometimes they were not informed of incidents promptly, we have told the provider about this and they have agreed to look at this.

People's medicines were managed safely. Staff who handled medicines confirmed that they had been provided with training and that their practice had been observed to check that they were competent. Medicines were securely stored in a locked cupboard. We looked at a sample of medicines and saw the records tallied with the amounts that were in stock. Where PRN or as required medication was given here was a clear protocol regarding its use. We saw records to show that regular checks were undertaken on the quantities of medication to make sure that they were accurate. People received their medicine when they needed it.

Requires improvement

Is the service effective?

Our findings

Relatives told us that staff had managed their relative's needs well and told us that staff were skilled and knowledgeable. We saw that staff knew people well and they responded to individuals in a proactive way. Staff demonstrated their knowledge and experience in how they interacted, anticipating individual's behaviour and redirecting them as they moved around the service.

Staff told us that they had received training that enabled them to meet the needs of people living in the service. This training included autism awareness and supporting individuals who present with distressed behaviour. They told us that the training included lots of practical examples and looked at the causes of behaviour and how to respond. Training records were available in individual staff records but also on a spreadsheet which allowed monitoring and highlighted when staff required updates. We saw that this did not always work effectively as a number of staff were in need of update training.

Staff told us that they felt supported and were given guidance and direction by senior staff. Supervisions however had not always been undertaken regularly but we saw that this had already been identified by the management of the service and they told us that they had a plan to address this. They had provided senior staff with training on undertaking supervisions.

There was a relatively high percentage of new staff and we saw that they were in the process of undertaking induction training. The manager told us that staff were completing the new care certificate and met regularly with one of the directors as a group to discuss practice and learning. The new care certificate had been introduced for new staff. This is a national initiative to develop staff and demonstrate they have key skills, knowledge and behaviours. We spoke with some of the new staff as part of the induction and they told us that they were working alongside experienced staff over a two week period as part of their induction.

The manager was aware of their responsibilities under the Mental Capacity Act (MCA)2005 and Deprivation of Liberty Safeguards(DoLS). They described how the principles of the mental capacity act had been used when assessing an individual's capacity to make decisions on matters such as going abroad on holiday. Staff spoke about best interest decisions and described how they obtained consent. We saw them communicating with people in different ways. Applications had been made when individuals lacked capacity and needed constant supervision to keep them safe. This met the requirements of the Deprivation of Liberty Safeguards.

People were supported to eat and drink according to their needs and preferences. Picture menus were in place and we observed people going in and out of the kitchen and helping themselves to drinks and snacks. There were individual snack boxes in place. Staff told us that individuals ate separately at lunch but generally had their main meal together at the end of the day. We saw that peoples like and dislikes were included in the care planning documentation. Relatives told us that they thought their relative ate a good variety of foods and staff were aware of nutrition. One of the relatives we spoke with told us how staff had spoken with them about healthy eating and how they could best support their relative and their love of soft drinks. A management plan had been agreed and they told us that this was working well.

People were supported with their health care needs. One relative told us that the staff had not always been proactive about health but that this was now working better. "They notice if my relative is not well." All relatives we spoke with told us that staff kept them informed of any health concerns and often accompanied individuals to hospital for health appointments. One relative spoke about how staff had successfully supported their relative in hospital with a procedure. Care and support plans included details of how to support people with their health care needs. For example people diagnosed with epilepsy had a clear support plan to help guide staff in how to respond to and keep individuals safe. Health passports were in place which provided key health information and we saw records to evidence that staff liaised with health professionals. We saw that where specialist advice had been obtained the outcome was clear and accessible to staff. We spoke to staff about how they supported people and they told us the manager was alert to issues and encouraged them to seek medical advice.

Good

Is the service caring?

Our findings

Relatives we spoke with were positive about the caring attitude of staff and described them as kind and, "Never patronising". One relative said, "The team are dedicated and some are exceptional." Another person said, "It is a home from home, staff have good relationships with my relative."

We observed that individuals looked comfortable in the company of staff. Individuals smiled and laughed with staff. We observed one individual going up to a member of staff and spontaneously placed their head on the member of staff shoulder. The member of staff responded in a warm way and spoke with the individual about what was happening and assisted them to undertake an activity.

Staff spoke warmly about the people they supported and demonstrated that they knew them well. They were able to confidently describe what individuals enjoyed and how best to support them. Care plans provided detailed information about individuals and what was important to them but pictorial guides were also available which provided a helpful summary to new staff.

People were supported to make choices and be involved in their care. We observed that people were given information in a way that they could understand. Staff took their time and communicated clearly using a combination of words and visual prompts. One member of staff told us, "When I talk with (Individual) I go down on my knees and look into their eyes, I offer a choice of two as more would be too much. I then give (the individual) time to process the information." This showed a good understanding of people's cognitive ability and enabling people control and choices in their lives.

The importance of good communication was recognised, we saw that the service was planning further training in communication and how to ensure that people's views are taken into account. A member of staff said, "When we communicate well, individuals are calmer."

Information was shared with people who used the service and their families. Most of the relatives we spoke with knew who their relative's key worker was by name and told us that they had good communication with the service. They said that staff always took time to talk to them about what their relative had been doing.

People's privacy and dignity was promoted. We saw that people were able to see visitors privately and maintain relationships with friends and family. The arrangements in place were all different and reflected individuals' wishes. Staff spoke about how they ensured people's privacy when assisting with personal care. We observed staff assisting individuals with their independence such as getting a drink and putting on their coat and shoes.

Requires improvement

Is the service responsive?

Our findings

People received care which was personalised from staff who knew them well. Relatives told us that the care was good. One relative said, “They notice my relative moods and his likes and dislikes, On the days he wants to be alone they respect his space.”

Detailed support plans were seen as fundamental to providing good person centred care. New documentation entitled “about me” had recently been introduced to further strengthen the information and guidance for staff. The sample we looked at were person centred and set out people’s choices and preferences. The new plans were handwritten and were difficult to read but it was planned that they would be typed for ease of use.

The plans provided detailed guidance for staff, for example we saw that one individual was familiar when greeting members of staff and the plan gave staff guidance on how they should best manage this. The instruction was respectful and mindful of both parties and encouraged social norms to be maintained.

We saw that handovers take place at the beginning of each shift and staff told us that these were informative and key information was handed over. A new recording system was being introduced to enable greater analysis and planning to ensure that people’s needs were managed in a proactive way. The staff were being asked to record more about activities and how successful they were. The manager told us that it was planned that team leaders would analyse this information on a weekly basis and use the information to review and update the support plans.

We saw that people were supported to take part in a range of activities in the local community and further afield. We saw for example on the days of our visit that one person was being supported abroad on holiday. We saw that there had been a clear plan to support this individual to achieve their aspirations by arranging a short trial flight within the British Isles before supporting them to fly long haul. Other individuals were supported to access more local activities and we saw that they went out for a walk and a bike ride. Some relatives told us that that the staffing shortfalls had impacted on their relatives’ ability to participate in activities.

One relative told us that they would like to see their relative undertaking more interesting activities which further promoted their independence such as shopping and cooking. Staff also told us that they tried hard to provide activities but this was dependant on the availability of a second member of staff and drivers. They told us that walks were healthy and popular but thought that some people may enjoy a greater variety of activities.

Relatives we spoke with told us that they didn’t have cause to make a formal complaint. They told us that they had confidence in the systems in place and said that any matters even if they had been small had been taken seriously. We looked at the records of complaints for one of the supported living services that we visited and we saw that when concerns were raised they were looked at and actions put into place to resolve them.

Requires improvement

Is the service well-led?

Our findings

The service had a positive and open culture. One relative told us that the service, "Feels welcoming when you visit and staff are open." The providers were well known to the relatives having supported the individuals who used the service over a number of years. Those we spoke with told us that they were approachable and helpful. They confirmed that tenant meetings were held and they were invited and encouraged to contribute. There was a new manager in post although some of the relatives had not yet met him. We [CQC] are currently assessing an application for registration from the manager.

We saw that the new manager had met with staff and set out his expectations and vision for the service. There was a clear management structure in place which included shift leaders in each of the supported living services. Staff we spoke with were clear about their roles and responsibilities and who they would go to for advice and support. They were clear about the whistleblowing policy and expressed confidence in the processes for raising concerns. One member of staff said the whistleblowing policy, "Protects us although I feel happy to raise things anyway." They spoke positively about the new manager. One person said, "They are very calm and measured which is helpful." Staff told us that their views were sought and they were encouraged to make suggestions for improvements.

We saw that there was an emphasis on continuous improvement. The provider had overseen a period of evaluation and reflection and the key lines of enquiry had been used as a base line for reviewing the care being delivered. A detailed action plan had been drawn up which set out actions, responsibilities and deadlines for completion. We saw that work had begun to address some of the issues that had been identified. Some of the shortfalls which we identified as part of the inspection had already been identified by the provider and there was a plan in place. For example we found that staff were not always receiving regular supervision. The action plan acknowledged the importance of effective supervision within the service and set out how they planned to address this moving forward.

There were systems in place in monitor the quality of the service for example we saw that there was a training matrix which set out which staff had undertaken training and when updates were due however greater oversight of this and other areas such as incidents was needed. A Health and safety audit had recently been carried out by the manager. An action plan had been drawn up following the inspection detailing the steps that were required.

The role of the team leader was being developed and it was planned that would have a key role in gathering and analysing information particularly around risks. Time had been set aside on a weekly basis to enable them to do this. However these and other developments were at an early stage and not yet imbedded.