Inroads (Essex) Ltd

Wolves Lodge

Inspection report

Ipswich Road
Hadliegh
Suffolk
IP7 6BG

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Ratings

Overall rating for this service	Good

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?	Good

Summary of findings

Overall summary

The inspection took place on 26 June 2016 and was unannounced.

The service is registered to provide care and support to three people with learning disabilities and autistic spectrum disorder. At the time of our inspection three people were using the service.

There was no registered manager in post but the manager was in the process of applying to be registered with the Care Quality Commission (CQC). 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.

At our last inspection on 30 September 2015 we identified a number of areas of concern and found that there were breaches of regulation regarding safeguarding, auditing and records, training and recruitment of staff. At this inspection we found that improvements had been made and the new manager was clearly focussed on continuing to improve the service.

Staff training was not up to date for some staff, according to the service's own policy. The manager has undertaken to ensure this is delivered promptly.
Staff were trained in safeguarding people from the risk of abuse and systems were in place to protect people from all forms of abuse including financial. Staff understood their responsibilities to report any safeguarding concerns they may have.

Risks had been assessed and actions taken to reduce these risks. Risk assessments were detailed and had been appropriately reviewed.

Staffing levels matched the assessed safe levels. Recruitment procedures, designed to ensure that staff were suitable for this type of work, were robust.

Medicines were administered safely and records related to medicines management were accurately completed.

Most staff had received training in the Mental Capacity Act (MCA) 2015 and Deprivation of Liberty Safeguards (DoLS). The MCA and DoLS ensure that, where people lack capacity to make decisions for themselves, decisions are made in their best interests according to a structured process. Where people's liberty needs to be restricted for their own safety, this must done in accordance with legal requirements. Appropriate applications had been made and two had been authorised.

People were supported with their eating and drinking needs and staff helped people to maintain good health by supporting them with their day to day healthcare needs.

Staff were very caring and treated people respectfully making sure their dignity was maintained. Staff were positive about the job they did and enjoyed the relationships they had built with the people they were supporting and caring for.

People, and their relatives, were involved in planning and reviewing their care and were encouraged to provide feedback on the service. Care plans had been appropriately reviewed and reflected people's current needs.

Formal complaints had been responded to in line with the service's complaints procedure. Staff understood their roles and felt well supported by the management of the service, although structured supervision was not regular.

Quality assurance systems were in place and action had been taken promptly to address any concerns. Record keeping was good and there was clear management oversight of the day to day running of the service. The new manager had worked in partnership with senior staff and other social care professionals to ensure the service was now operating as a transitional service and not a permanent home.

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 and recruitment systems were robust.

Systems were in place and staff were trained to safeguard people from abuse.

Risks were assessed and action taken to minimise them.

Staff were trained to administer medicines and medicines were given to people as prescribed.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff did not all receive the training they needed to carry out their roles and appraisal and supervision of staff was not in place for all.

The service had followed legal requirements relating to the deprivation of people's liberty and the use of restrictive physical intervention.

People were well supported with their dietary and healthcare needs.

Is the service caring?

Good

The service was caring.

Staff were patient, compassionate and kind and relationships between staff and the people they were supporting were good.

People and their relatives were involved in decisions about their care and their choices were respected.

People were treated with respect and their dignity was maintained.

Is the service responsive?

Good

The service was responsive.

People, and their relatives, were involved in assessing and planning care.

People's choices and preferences were recorded in their care plans and people were able to follow their own interests and hobbies.

There was an accessible complaints procedure and complaints were dealt with in line with the service's complaints policy.

Is the service well-led?

Good

The service was well led.

Staff understood their roles but were positive about the new management team.

Record keeping was good and there was good management oversight of the day to day running of the service.

Wolves Lodge

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.

The inspection took place on 26 June 2016 and was unannounced. The inspection team consisted of one inspector.

Before we carried out our inspection we reviewed the information we held on the service. This included statutory notifications that had been sent to us in the last year. A notification is information about important events which the service is required to send us.

We observed care and support being provided for two people who used the service and met with two care staff, the manager and the transitional support leader. We spoke with one relative.

We reviewed three care plans, two medication records, three staff recruitment and induction files and staffing rotas covering eight weeks. We also reviewed quality and safety monitoring records and records relating to the maintenance of the service and equipment.

Good

Is the service safe?

Our findings

We found that staff knew how to spot the signs of abuse and take appropriate action. Staff were able to tell us what they would do if they suspected or witnessed abuse and knew how to report issues both within the service and to external agencies directly. Staff had received training in safeguarding people from abuse and this training was refreshed every two years.

Financial procedures were in place that were designed to protect people from financial abuse. We saw that one person had recently been supported to take some responsibility for their own money as part of their preparation for moving on to more independent living. Procedures were in place to ensure that the person's money was safeguarded and the manager was monitoring these.

We saw that risks associated with people's day to day activities such as, eating and drinking, travelling in a vehicle and taking medicines had been assessed. Risk assessments contained specific detail, such as the likelihood of one person removing their seatbelt whilst travelling in the car. Actions to minimise each risk had been identified and shared with staff and relatives of people who used the service.

Each person had a general risk assessment which covered risks such as taking their medication and accessing the local community and we saw that these had been reviewed recently. Risk assessments were detailed and gave staff clear information to help them support people safely. For example, one person's plan contained detailed information about how to distract them when they were becoming distressed. Each person had a personal evacuation plan which gave staff clear guidance on how to support them to leave the building safely in the event of a fire. Risk assessments had been signed by the majority of the staff team.

We noted that the manager had assessed possible environmental risks and saw that knives and chemicals were safely locked away. Corridors were kept clear and the suitability of the environment had been considered carefully so that a person with a visual impairment was enabled to maintain their independence as much as possible. Accidents and incidents were recorded and records were reviewed by the manager.

People received care and support from staff who knew them well. Agency staff were not used but staff from other Inroads services very occasionally provided cover and these staff knew the policies and procedures at the service. In an emergency, or for added support, staff at the service could call on help from colleagues at another of the provider's services located next door and an on call service was operated by the senior staff out of office hours. There was one member of night staff on duty and they had a walkie talkie linked to the next door service, where three waking night staff worked each night, which they could use to ask for help if they needed to.

We looked at rotas for the eight week period leading up to our inspection. We saw that on several occasions shifts had not been covered but the transitional team leader explained to us that they would be available to support staff in these circumstances and we saw that they were on the rota on these days. Staff and relatives told us that they found there were enough staff to meet people's needs and had no concerns in this area. One staff member told us, "We're a small team and the new people have blended in quickly. There are

enough of us".

We reviewed staff files and found that the service had recruited people safely and carried out all appropriate checks, including one with the Disclosure and Barring service, to ensure that staff were suitable to work in this setting.

There were systems in place for the safe ordering, storage, stocktaking, administration and disposal of medicines. We saw that each person had their own lockable cabinet in their bedroom and medicines were administered by staff who had received the required training. We noted that four staff had not had their training refreshed in the last three years. The provider's policy stated that medication training should be repeated every three years. We discussed this with the manager who assured us they would arrange for staff to be updated with this training.

Medication administration record (MAR) charts had been fully completed and there were protocols in place for homely remedies, such as hay fever tablets and prescribed medicines which people took only occasionally, such as an inhaler. We noted that, although staff told us they had contacted people's GP and a local pharmacist to make sure it was safe for them to take the homely remedies the service had in stock, there were no records confirming this. The manager told us they would put this in place.

Requires Improvement

Is the service effective?

Our findings

At our last inspection we identified concerns in relation to the frequent number of physical intervention incidents and failure of the provider to monitor these. We found at this inspection there had been a great improvement. Incidents had reduced, were less severe in nature and were closely monitored by the provider. Each incident was signed off by the manager or senior staff and patterns and trends were picked up.

Staff were skilled in dealing with behaviour people presented with when they were upset or distressed. One staff member told us, "It's all behaviour we know. It is not new to us. ...We know people well". We noted that the risk assessment related to physical intervention had not been signed by any relative or healthcare professional to verify that the information had been shared with them and agreed.

Training records showed that staff received training to help them carry out their roles. One member of staff told us, "Training is a lot more organised. Most of us have first aid and there is lots more guidance on our roles. ...Everything has come on in leaps and bounds. Before there were lots of changes now we have a steady manager and TSL [transitional support lead]. We have the support we need. It's so much better."

However, some training had not been provided for all staff and some training was overdue, according to the service's own policy. Physical intervention training was documented as being provided annually and we saw that physical interventions happened regularly at the service. Although interventions were managed well we saw, for example, that one member of staff had not had this training since October 2013. Fire training, medication awareness, epilepsy and infection control were also overdue or yet to be provided for some staff.

Although staff felt supported we found that formal supervision sessions for permanent staff were not held regularly. We saw that most staff were not recorded as having received formal supervision since January 2016 or before. An annual appraisal system was not yet in place, although the manager assured us that some staff had recently received appraisal training and meetings were soon to take place.

When staff first started working at the service they received an induction. New staff spent time shadowing permanent staff and then began to work as a full member of the team. A senior staff member from Inroads came to the service regularly to support new staff through the Care Certificate. The Care Certificate is a set of standards that social care and health workers stick to in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers. We saw that an excellent system was in place to support people with their learning in the first few weeks of their employment.

The people who used the service were not able to tell us about the care and support they received but we observed interactions between staff and the people who used the service. We saw that staff met people's needs in a skilled and competent manner which demonstrated that they knew the people well. We observed one staff member calming one person who was upset and another person being supported to play a game. Staff were due to receive training in positive behaviour support to further increase their skills in managing

distressed behaviours.

We noted that people's consent was asked for before care and treatment was provided and the management and most care staff had received training in the Mental Capacity Act (MCA) 2005, although some newer staff were yet to receive this.

All three people who used the service were transitioning to new services and we saw that consideration had been given as to whether the move was in their best interest. Independent advocates had been involved for two people in connection with this move and relatives had been consulted. One person had not had a structured Best Interests meeting and their family had not been able to be involved to a great degree. The manager told us that meetings had been held with healthcare professionals from adult social care but we could not be totally assured from the records available that all the requirements of the MCA had been met.

Where a person's liberty and freedom to leave the service needed to be restricted for their own safety, an application has to be made to the local authority to comply with the Deprivation of Liberty Safeguards (DoLS). We saw that two authorisations had been granted, although the provider had not notified CQC about this which is a requirement. The third application had not yet been considered by the local authority.

Staff supported people to prepare their meals and ensure they had access to food and drink. People were encouraged to make their own choices about food and drink. The service encouraged healthy eating and supported people to choose and eat a healthy and varied diet. People's food preferences were recorded in their care plan and staff demonstrated a good knowledge of people's dietary needs. People were supported to maintain a healthy weight and referrals were made to dieticians if needed. One person had been supported to achieve a healthier weight and the support of the dietician had been extended for the period of the forthcoming move.

People were supported with their healthcare needs and staff worked in partnership with a variety of healthcare professionals to meet people's need promptly. Records confirmed that people attended dentist and optician appointments regularly with the support of the staff and advice was sought promptly from healthcare professionals, such as district nurses, GPs and neurologists, if someone became unwell.

Good

Is the service caring?

Our findings

We observed that people appeared happy with the way staff provided care and support. They responded well to staff and were relaxed and happy in their company. Staff demonstrated that they knew people very well and used distraction techniques when a person showed signs of distress. People were engaged in activities they had chosen and staff respected their wishes.

Staff supported people in a relaxed way and were patient, compassionate and caring. A relative told us, "The staff there are fantastic. They have managed to do lots of thing with[my relative] that we couldn't do…They are very supportive".

Staff demonstrated that they had an equal relationship with the person they were supporting and listened to them and respected their decisions. We observed one member of staff explaining a set of choices for one person and taking time for them to process this. Staff were able to tell us about people's particular care and support needs in detail.

The manager had worked hard at improving the communication with relatives in order to keep them informed about their relative's welfare. This was appreciated by the relative we spoke with who found this communication reassuring.

Staff had given a lot of thought as to the impact of the impending move on the three people who used the service and had taken steps to try and minimise any distress. We saw, for example, that one person was going to be placed at a service where staff knew them well and would be able to recruit new staff who could cater for this person's particular needs. Time had been set aside to support the person to have a long handover period to the new service to try and minimise their anxiety.

The service used an independent advocacy service in connection with the forthcoming transition to another service. They also consulted families who helped to advocate informally for their relatives. One relative said, "I am involved as much as I can be". We saw from records that relatives were informed about significant achievements their relative had made, such as managing a new task independently. They were the able to speak to their relative about this which increased their self-esteem.

We saw that detailed care plans had been drawn up and were centred on the person they concerned, although they had not been able to sign them to show how they had been involved. Information was shared with people who used the service in a way they understood. Feedback forms were in place and staff recorded how various activities and had gone to further inform the care plan.

Good

Is the service responsive?

Our findings

A relative explained to us how happy they were with the way Wolves Lodge supported their relative to have an independent and fulfilling life. They said, "[My relative] does so much now. I have no problems. I am very pleased. They have managed to do things like take [them] to the dentist, which we could never do….I am looking forward to continuing the relationship with Inroads in the future."

Each person had a detailed care plan which was person centred and contained all the information staff needed to help guide them to offer the right support and care. Since our last inspection a great deal of work had been done to review the care plans, update them and ensure the staff knew important information about each person. Plans contained information about people's preferences and how they communicated their choices. There were sections such as, 'Things you should know' and 'Why do I need this plan?'. Each plan was very clear and was reviewed each month.

People spent their days in different ways. Two people continued to access local education opportunities either part time or full time. One person had a very full programme of varied activities which the service had just put into place. This was a four week rolling programme of activities which included arts and crafts, walking, museum trips, visiting local attractions and swimming. Each session was reviewed to reflect on whether it was suitable and had been a success. This information was recorded for when the person moved to their new service. Staffing levels at weekends meant that leisure trips would be more difficult to arrange for all of the people who used the service but in house activities were promoted for these times and we saw evidence of arts and crafts projects on display.

Consideration had been given to the deployment of staff. We saw that one member of staff had been found to get on particularly well with one person who used the service and we saw that this person was often supported by this member of staff.

Care review meetings were held annually with parents to discuss people's care and to receive feedback. In addition surveys were sent out which invited relatives to raise any concerns. The manager had attempted to improve the lines of communication with relatives as this had not been good in the past. One relative told us, "[The manager] is a good person. If I ring her she does listen and things get sorted out if necessary". The manager felt that slowly things had begun to improve.

Previously there had been poor partnership working with other health and social care professionals. We found that this had improved and saw evidence of close working to bring about the successful transition to other services. However, this was still a work in progress and the manager was honest about some of the difficulties they faced.

The service had a suitable complaints policy and each person had an accessible version of this in their room. There had been one formal complaint made to the service since our last inspection and we found that this had been appropriately responded to by the manager.

Good

Is the service well-led?

Our findings

At our last inspection in June 2015 we identified a number of failings on the part of the provider to monitor the safe and effective delivery of care. Records were poor, effective audit systems were not in place and there was very little monitoring of the frequent incidences of physical intervention. At this inspection we found a marked improvement. The manager had taken steps to address the various issues we found and staff told us that they were positive about the service. One staff member said, "It is a much more positive place now".

Records were now well organised and those we requested were produced quickly. The induction records relating to new staff undertaking the Care Certificate were well structured. They clearly showed how the service now supported the staff to gain the skills and knowledge they needed to carry out their roles. We saw that where staff required additional help and support this was provided. Although we identified some issues with staff training we were assured that the manager would arrange for this to be provided or updated promptly and they have agreed to notify us when this is completed.

The service is a transitional service and was set up to act as a link between services for children and those for adults. However, nobody has yet made this transition. The manager, working in partnership with senior management and other social care professionals, had begun to make the process clearer and more clearly define the role of the service. The manager stated that if the service continues as a transitional service they will begin looking for future placements as soon as a person arrives at the service and will carry out a structured programme to prepare them for the next move.

The manager was in the process of registering with CQC and had, apart from failing to notify us about two DoLS authorisations, shared appropriate information with us when needed. They presented as keen to learn from any mistakes and were open and honest about the strengths and weaknesses of the service and had a clear idea about priorities for the future. The manager was soon to take some extended leave and plans had already been put in place about how the management of the service should continue in their absence.

A comprehensive audit system was in place to monitor the quality and safety of the service. We looked at the most recent audit, which had been carried out by the manager in May 2016, and saw that each issue was rated to show whether the service needed to take any action and establish if this needed to be done as a matter of urgency. Issues monitored included health and safety risks but also included observations of staff managing difficult situations and of team working. Previous audits were reviewed and any unfinished tasks carried over. This was a new system and the manager told us they intended this to be an annual task which they would undertake.