

Inroads (Essex) Ltd

Inroads Open Care

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?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place between 7 and 20 of December 2016 and was announced. Inroads open care supports people with a learning disability in three supported living settings. On the day of our visit there were ten people using the service. We visited the three supported living projects and spoke to people who lived there and their relatives. 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 in the projects when we visited.

A registered manager was in place and was based at the provider's central offices. 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 the last inspection the service was rated requires improvement and we carried out this inspection to check what changes and improvements had been made.

At this inspection we found that there were issues with staffing in one of the supported living projects. The others were staffed appropriately but in one project people did not always receive the hours for which they had been assessed and the service commissioned. This impacted on people's wellbeing and access to the community.

People who lived in the service looked at ease with staff and told us that the staff were kind. 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 and the commitment of staff. They told us that staff kept them updated and communicated with them.

Risks were identified and steps were taken to minimise the impact on individuals. Medicines were safely stored and administered as prescribed.

Staff recruitment records demonstrated that the provider took steps to ensure that they employed people who were suitable to work at the service. However we did identify one anomaly regarding a reference which the manager agreed to address.

Staff were knowledgeable about the signs of abuse, and the actions that they would take should they have a concern. We saw that staff received training on a range of areas including first aid, health and safety and autism. Staff also received training on how to defuse situations to reduce the need for restraint. However staff were inconsistently supported through supervision and team meetings as they were sporadic.

The provider had policies in place with regard to the Deprivation of Liberty Safeguards (DoLS) and the

Mental Capacity Act (MCA) 2005. The Act, Safeguards and Codes of Practice are in place to protect the rights of adults by ensuring that if there is a need for restrictions on their freedom and liberty these are assessed and decided by appropriately trained professionals. Care staff had a good understanding of the importance of obtaining consent and protecting people's rights.

The majority of staff knew people well and there were systems in place to ensure that information was handed over to staff coming on duty. Care plans were in place and while there were some omissions in that some were out of date, the majority were detailed and informative. This provided staff with the guidance and direction they needed to ensure person centred care. Efforts were made to identify people's preferences and ensure that they had choice as part of the care planning process.

There were procedures in place to manage and respond to complaints. We have asked the manager to investigate some concerns which were raised with us as part of the inspection under the complaints procedures.

There was a lack of consistency across the service and staff and relatives told us that the manager was not always visible. We found that the service had expanded over the last year however the manager was only available on a part time basis. This meant they were not always assessable or able to be as effective as they could be.

The provider had some oversight but had not identified some of the issues we found. Audits were undertaken but they were not well developed and not consistently undertaken. None the less there was some evidence of reflective practice and the manager was able to tell us about changes that had been made to improve the quality of the service.

During the inspection we identified breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and you can see what action we told the provider to take at the back of the full version of the report

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

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

Risks were identified and actions put into place to minimise the risks to people.

Staff knew how to respond to concerns and raise matters relating to avoidable harm and safeguarding.

Medicines were managed safely.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

Staff did not always feel supported.

Staff received training to meet the needs of individuals.

Staff had a good understanding of consent and where individuals lacked capacity to make decisions, there were clear processes for staff to follow to ensure that decisions which were made were in individual's best interests.

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

Requires Improvement ●

Is the service caring?

The service was caring.

Staff knew the needs of individuals using the service.

People and their relatives were consulted about their care.

People's privacy and independence was promoted.

Good ●

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

Care plans were detailed and informative in some locations but not in others.

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?

The service was not consistently well led.

Leadership was not always visible and there was a lack of consistency across the service

Morale was not consistently high.

There were systems in place to audit the care provided but these would benefit from further development.

Requires Improvement ●

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 between the 7 and 20 of December 2016 and was announced. The provider was given 24 hours' notice because this project provided support to people living in supported living services and we needed to be sure that someone would be in.

The inspection team consisted of one inspector and an expert by experience who contacted relatives and some staff by telephone and spoke with them about their experience of the service.

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 provider had completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. As part of the inspection we contacted a sample of social workers and advocates for their views.

The service was providing support to individuals in three supported living services and we visited these locations as part of our inspection. The provider told us that they were not providing services to children at this time.

Most of 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 two people using the service, five relatives, twelve staff and the manager.

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

Is the service safe?

Our findings

Relatives told us that they thought their relative was safe but some expressed concerns about the turnover of staff. One relative told us, "They have a very high turnover of staff. There's always a different reason and they don't get on top of it. They, [people using the service], can't get out because there is not enough staff. ...they are bored." Another said "[My relative] is funded for this to enable him to live a life. He gets sad, he needs to get out, the carer will say they haven't got a driver, sometimes they say just go on a walk."

At the last inspection we rated safe as requiring improvement as the service had difficulty retaining staff however new appointments had been made and staff were in the process of doing their induction. At this inspection we found continued issues with staff retention. One member of staff told us that, "Three staff are leaving this month and I know other staff who are handing in their notice." They told us that this this meant that there were not always sufficient staff available to support people. Staff gave us examples of how this impacted on people and told us that one individual was left in the their bedroom for long periods watching videos and others were not able to access activities in the community as they had been assessed as requiring two staff for this. We saw in the records of incidents which had occurred at the service, including ones where an individual had been repeatedly hitting their head against an object. We saw that a member of staff had documented that the staffing was a contributory factor. They had written that the incident had been caused due to, 'A fall in stimulation due to staffing levels.'

We were told that he provider had been commissioned to provide a total of 28 hours of two to one staff each week to some individuals. We looked at peoples assessed hours, the activity planner and the staffing rota and saw that people were not receiving their assessed hours of two to one staff.

This is a Breach of Regulation 18 (Staffing) Health and Social Care Act 2014

One of the other supported living services had a more stable staff team and a number of staff had worked at the service for some years and were well known to the people who lived in the service. Another supported living service was relatively new having opened a few weeks prior to the inspection.

Records showed that the provider had systems in place for assessing and managing risk. We saw copies of assessments and management plans which set out the steps that staff should take to reduce the risks to individuals. For example we saw risk assessments in place for going out in the car, using the kitchen and for accessing the community. The risk assessments and the associated management plans provided staff with information about potential triggers and guidance on how to keep individuals and others safe from harm. Incidents of restraint were recorded and the manager gave us examples of changes that they had made to the management plan as a result of reviewing incidents. Relatives told us that the staff managed distressed behaviours well, One relative said, "Yes they do [restrain my relative]. As less as possible, mostly holding his hands."

The provider had systems in place to check on the premises and equipment and they were safe. Health and

safety checklists were in place and staff spoken with were able to tell us what actions they would take in the event of an emergency such as a fire and confirmed that they had received training on this.

Staff told us that they had all undertaken training in safeguarding and whistleblowing and were clear about what constituted abuse. The service had safeguarding leads and staff we spoke with knew who they were and that they could approach them for advice. One member of staff told us, "I had a concern and I spoke with [a member of staff] and it got sorted out straight away, its better being safe than sorry." Another staff member told us that there was a poster and they were told "To ring the number and it is all confidential." Staff said they completed body maps to record bruising and copies were maintained on people's records. We saw that incidents had been reported to the safeguarding team for investigation. This showed us that systems in place were effective and followed.

We found that personal money was safely managed. The service managed some individual's money on their behalf and we saw that the money was appropriately stored. We saw that there was a system for signing money in and out and receipts were logged. We checked the records and the amounts of money for one individual and this tallied.

We looked at the recruitment of staff to check that they operated a safe system and followed their own procedures. We examined three staff files and saw that an application form was completed, records were maintained of interviews and references were requested from individual's last employer. However we noted that in one example that only one reference had been received and we raised this with the manager who agreed to follow up. Disclosure and barring checks were in place to check if individuals had a criminal record and their suitability for the role.

People received their medicine when they needed it. Medicines were securely stored in locked cupboards. 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 however this focused on oral medication and did not always identify gaps in the administration of creams and lotions. Staff told us that they had undertaken medication training and were not allowed to commence administration until this was completed successfully. There was a system in place for addressing errors including missed doses which included retaining and competency assessments. The manager agreed to review the oversight systems for the administration of creams and lotions to ensure that people were received these as prescribed.

Is the service effective?

Our findings

Relatives said that in the main staff had the knowledge needed to meet people's needs, although some concern was expressed about the lack of experience of some of the newer staff which meant that they didn't always, "Notice subtle behavioural changes." One relative told us, "Some are more competent than others." Another said, "Staff are getting there, they employ people sometimes who've not dealt with autistic people."

There was a relatively high percentage of new staff in some of the projects and we saw that they were in the process of completing induction training. The manager told us that the new staff were completing the new care certificate and met regularly as a group to discuss practice and learning. The care certificate 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 confirmed that the induction was helping them develop their skills and had been supported to work alongside experienced staff before working more independently.

The manager showed us the providers training matrix which flagged up when staff were due to attend refresher training. The training included areas such as The Mental Capacity Act 2005, physical interventions, epilepsy awareness and food hygiene. Staff were positive about the content of the training and told us that following incidents they had the opportunity to reflect on what happened and what they could do differently in the future. Staff told us that where necessary, the provider would organise additional training and gave us the example of leadership training. Relatives told us that there was a core of experienced staff that were knowledgeable particularly in areas such as dealing with behavioural challenges. Relatives spoke positively about the skill level of staff in dealing with distressed behaviours. One relative told us that the staff, "Handle it so well, calmly and quietly."

Staff feedback on the support they received from management however was not consistently good. Some staff for example told us that they had not had supervisions although others were positive about support they received. We looked at the records which were maintained on supervision and saw that while some supervisions were taking place they were not being undertaken consistently. There were no records of appraisals taking place although the manager showed us details of observations of practice which were being undertaken to provide direction to staff on their practice.

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. We saw records which evidenced that best interest decisions had been made and there had been a good level of consultation with different parties before a decision was made. Where individuals were subject to restrictions such as access to the laundry, or the wearing of a harness, the decision and rationale was clearly documented. Staff had a good understanding of their responsibilities and spoke confidently about best interest decisions. They were able to describe how they obtained consent and we saw them communicating with people in different ways. The manager told us that the placing authorities were in the process of applying to the Court of Protection as they were in supported living setting.

People were supported to eat and drink according to their needs and preferences. We observed people going in and out of the kitchen and helping themselves to drinks and snacks and 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. Relatives told us that they thought their relative had choice and enjoyed the meals. One relative told us, "[My relative] eats it all and goes out for a meal.They cut up all his food and remove bones." Another relative we spoke with told us, "[My relative] has a well-balanced diet. Say he wanted yoghurt they ask what flavour; or crisps, they give him a choice from the snack box. He has nice meals, staff do all that for him and often he goes in the kitchen and looks."

People were supported with their healthcare needs. Care and support plans included details of planning to support people to maintain their health and wellbeing. For example, peoples allergies were identified and those diagnosed with epilepsy had support plans to guide staff in how to respond to people to keep them safe. Some relatives expressed some concerns about the level of health monitoring for example on areas such as bowel movements but overall they were positive about how staff supported their relatives to access health provision. One relative told us that their relative attended, "Regular dentists, psychiatrists and opticians and the doctors for advice if needed." Another told us, "When they've had emergencies they've been fantastic [in supporting my relative in] a hospital setting." Staff were able to tell us about the outcome of health appointments for example with the dietician and speech and language therapist and any advice given.

Is the service caring?

Our findings

One person told us that the staff, "Were nice" and that, "They help me." Another person said that they liked living in the service as they could be, "Independent." Relatives were generally happy with the care their relative received and had good working relationships with some of the staff, whom they described as caring and hard working. They were however concerned about the changes in staff and what this meant for their relative. One member of staff said, "A very good member of staff has just left, he's been fantastic, we are sorry to see him go." Another relative said, "A lot of staff don't know them and sometimes if they've come from a different job background, it's difficult for them to understand."

Staff spoke about people in a warm way and told us that they enjoyed being able to build relationships with the people they supported but acknowledged that for some individuals this took a long time. During our observations we saw good interactions from staff whilst supporting people. Staff were patient and spoke calmly to people. They gave people the time they needed and did not rush them. We observed people coming up to staff and initiating contact with them. They were clearly comfortable with staff and staff in turn greeted people warmly and gave reassurance and information as appropriate. Staff were attentive to people's needs for example a member of staff noticed that one person's tee-shirt was stained and helped them to change. Another member of staff noticed that an individual was thirsty and took them to the kitchen to get a drink.

Care plans provided information to guide staff in supporting people and how they communicated. This was particularly important for those individuals who did not communicate in a verbal way. The plans documented how the individual showed that they were having a good or a bad day and how staff should respond. Some individuals used symbols and cards to communicate and these were accessible for staff to use.

Efforts were made to support people to make choices for themselves in how they wished to spend their time and what they wished to eat. We heard a member of staff say to an individual as they walked to the kitchen, "Do you want another one, buddy." We saw that there was information in people's care plans about people's individual needs and preferred routines. Bedrooms had been personalised to reflect people's interests. 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. Relatives told us that the staff supported them to maintain regular contact and a number of people living in the service had advocates.

People were encouraged to be as independent as possible and we observed staff taking the lead from the people living in the service. Care plans were written in a way which supported independence for example one individual's care plan stated that staff should place a small amount of cream on the individual's hand and encourage them to apply to the required area.

People had privacy in their own rooms and we observed that personal care was provided discreetly. Staff had a good awareness of privacy and one member of staff told us, "This is their home" and another said, "We give prompts" and spoke of the importance of, "giving people personal space." We observed that people

were well dressed and had smart comfortable clothing.

Is the service responsive?

Our findings

Care plans were in place and contained information about people's care needs and preferences such as their preferences for the gender of the staff supporting them as well as individual goals. However the care plans varied in quality with some being very informative and detailed but others were less so and had not been updated for some time. For example one of the plans we looked at was dated 2014 and we did not see that this had been fully reviewed. The plan did not fully reflect the individual's current needs, although the staff member spoken with knew the individual well. Alongside their care plans people had behavioural support plans which identified potential triggers and gave staff clear guidance on how to respond to distressed behaviours. For example what staff could say which the person might find reassuring and comforting if they were distressed. Some of the information was presented in a pictorial format so it was easy to see at a glance what the individual was interested in and what was important to them. There were behavioural observations charts in place which were completed in detail and tied in with the care plan. Daily records were completed by staff and contained information about people's day, what they done and what they had eaten. There was also staff handovers between shifts to ensure that staff received key information and updates.

Relatives told us that the staff communicated with them and kept them up to date about any changes to their relative's needs. One relative told us, "We know what is going on." Others were less positive and expressed concerns about not always being kept informed.

People's access to the community was limited by the availability of staffing. In some of the projects people had good access to the community and we saw for example on the days of our visit that some people supported to access the local town and college. We saw that two people had been on holiday in one of the projects and told us that they had enjoyed this. However in other projects where people had been assessed as requiring two staff to access the community there was less evidence that people were leading fulfilling lives. Some relatives told us that that the staffing shortfalls had impacted on their relatives' ability to participate in activities. One person told us, "They are not going out as much as they should." And another said, "They give him a quality of life. He always goes out at least once every week."

Staff told us that they would like to do more activities but were dependent on the availability of staff. They told us that the provider had recently appointed a driver to enable more people to access the wider community. One member of staff told us, "When we go out on activities it is wonderful." We spoke to the manager about this and they told us that this was an area that they were working on and were looking at developing new activities. All the people living here "Should have at least one purposeful activity a week." We have made a requirement about increasing staffing.

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. One of the individuals we spoke with raised some concerns and we raised these with the manager who agreed to investigate under the services complaints procedures. 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 issues which were raised.

Is the service well-led?

Our findings

The service supports people in three supported living projects which varied in terms of size and people's needs. We found that some parts of the service were more stable and effective than others. There were examples of good practice and relatives had confidence in individual members of staff. One relative for example told us, that the member of staff, "Communicates well, what he says he will do, he does" However we found there was a lack of consistency across the service in terms of practice and leadership was not always visible.

The manager of Inroads Open Care worked as manager on a part time basis. Relatives and staff spoke positively about the manager and told us that they were helpful however they expressed concern about their visibility and their ability to oversee the service on a part time basis. One member of staff told us, The manager is "doing their best" but needs to be "more visible and be here two to three times a week." Another member of staff could not tell us when the manager was available or the days that they worked.

Staff told us that there were problems with low morale in some projects and this contributed to a high turnover of staff. Shifts were being led by different shift leaders and no one individual had oversight. While some staff were skilled, others were less so and staff told us that poor practices, such as a lack of engagement with people was not always challenged. Staff gave us examples of issues and grievances which they thought had not been addressed in a proactive way. One member of staff told us, "There needs to be better team work." Another member of staff said, "It is rare that [the manager] is here ...he doesn't see what is going on..." Staff told us that team meeting were held but not on a regular basis and the records we looked at confirmed this.

There was a head office team and the manager was supported by other staff who took responsibility for areas such as human resources. A number of other senior staff who were based there and they were also involved in the call system which provided support to staff outside office hours. Staff told us that "managers were at the end of the phone," if needed.

This service had increased in size since the last inspection but there had not been a corresponding increase in the level of management oversight by a registered manager. The management of the service was spread too thin and this meant that they were not able to provide the level of oversight that was needed.

This is a Breach of Regulation 18 Staffing Health and Social Care Act 2014

There were quality assurance systems but they were not well developed and some of the areas which we identified at the inspection had not been identified and addressed. This meant that the systems of governance were not working and the provider did not have effective oversight of the service. We looked at the quality assurance reports which had been completed and found that they were at an early stage of development and were not being consistently undertaken. For example one of the supported living services had not had any quality assurance visits. This meant that that there was no robust system to monitor and check on the quality of this service.

Each project took responsibility for completing a range of checks such as checking the recording of medication to ensure that people were receiving their medication as prescribed. Audits were also undertaken on some projects on areas such care plans and activities. Where shortfalls were identified the manager told us that action was taken and gave us an example where a member of staff had been stopped administering medication until they had completed retaining and competency checks. The manager outlined the measures they took to improve the service and told us that that they had recently employed a driver to increase peoples access to the community. They described the steps that they had taken to support individuals with their behaviours and how this had led to a reduction in incidents.

We saw that tenant meetings had taken place but the last meeting was some time ago. The manager told us that people did not always want to attend and had as a result started to develop newsletters to communicate and stimulate debate.

The shortfalls in governance are a Breach of Regulation 17 Health and Social Care Act 2014.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The systems in place to assess monitor and improve the quality of care were not working effectively
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing People who use service were not being supported by sufficient numbers of suitably skilled and experienced staff. There was not always a registered manager available to support staff and drive improvement