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Insight Rehabilitation Specialists

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This unannounced inspection took place on 28 April and 9 May 2016. This service was last inspected in February 2014 and was compliant with the standards we looked at.

Headquarters Insight Rehabilitation Specialists (Insight Rehabilitation Specialists) provides care and services for people with acquired brain injury (ABI). It currently has seven staff providing services to four people. The head office is located in Carlisle, Cumbria.

The service had a registered manager. 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.

Staff working in the service were aware of different types of abuse and knew how to report it.

Medicines were stored in people's own homes and managed appropriately.

Risk assessments were carried out and plans put in place to reduce risks to people's safety and welfare.

Staff had been provided with mandatory training and given training specific to their role. Staff had undertaken additional vocational qualifications.

The service assessed people's nutritional and hydration needs and provided support accordingly. This included helping people to maintain a healthy lifestyle.

Staff had developed good relationships with people and communicated in a warm and caring manner.

Staff were aware of how to treat people with dignity and respect. Policies were in place that outlined acceptable standards in this area.

Support plans were easy to read and based on assessment and reflected the needs of people.

There was a complaints procedure in place that outlined how to make a complaint and how long it would take to deal with.

The registered manager had a clear idea about the future of the service.

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.

We found that there were sufficient staff to provide adequate support to vulnerable people living in the community.

Risk assessments were carried out to help people access the appropriate support required to minimise risk to their safety and wellbeing.

Staff knew how to identify and report potential abuse.

Is the service effective?

Good ●

The service was effective.

Staff had received appropriate training.

Staff had undertaken additional vocational qualifications.

People received adequate support with nutrition and hydration where necessary.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect.

People told us that the staff who supported them were kind and caring.

There were plans and procedures in place to ensure that people's privacy was protected.

Is the service responsive?

Good ●

The service was responsive.

Care plans were written in a clear and concise way so that they were easily understood.

People were able to raise issues with the service in a number of ways including formally via a complaints process.

People were supported to access the local community.

Is the service well-led?

Good ●

The service was well led.

The provider had adequate arrangements in place to store contemporaneous records at their registered location.

There was a quality assurance system in use.

People and staff told us they were satisfied with the leadership in the service.

Insight Rehabilitation Specialists

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 checked 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 28 April and 9 May 2016 and was announced because we wanted to ensure that the provider was present during the inspection.

The inspection was carried out by one adult social care inspector.

Before the inspection the provider 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. We also reviewed the information we held about the service, such as notifications we had received from the registered provider. A notification is information about important events which the service is required to send us by law. We planned the inspection using this information.

We spoke with one of the people who used the service, the provider who was also the registered manager and one member of staff.

We looked at records of written care plans and other policies and records that related to the service. We looked at two staff files which included supervision, appraisal and induction. We saw a record of training and a training plan. We looked at quality monitoring documents.

Is the service safe?

Our findings

We spoke with people who used the service they told us that they felt safe using the service. One person said, "Yes, I do [feel safe], yes, I have been with them for years."

During our inspection we looked at how staff were deployed. There was a small group of staff providing varying levels of support to people who used the service. There were no issues with staffing levels within the service and the registered manager had arrangements in place to cover staff if they were on annual or sick leave. Staff were able to meet the identified needs of the people who used the service.

We saw that each individual who used the service had assessments in place that identified risks that they faced and planned ways to reduce them. For example some people required additional support to ensure they were kept safe while out in the community.

We spoke with staff and asked how people were protected from bullying, harassment and avoidable harm. Staff explained that they had all had training that ensured they knew how to protect vulnerable people from abuse. Staff were able to tell us what kinds of abuse there were and how they would raise concerns about them. If staff were concerned about the actions of a colleague there was a whistleblowing policy. The policy gave clear guidance as to how to raise concerns. This meant that staff could quickly and confidentially highlight any issues they had with the practice of others.

We looked at recruitment procedures in the service. The service ensured that all candidates for employment underwent a formal interview with senior staff present. If they were successful criminal records checks were carried out and references sought. The registered manager provided evidence that confirmed this.

We looked at how the service managed medicines. The people who used the service lived in their own homes and therefore stored their own medication and administered their own medication.

There were arrangements in place to ensure that all staff were aware of good infection control practices.

Is the service effective?

Our findings

We spoke with people who used the service and asked if they felt staff were able to support them correctly. One person stated, "Yes they do."

We spoke with staff and asked them if they felt well supported and correctly trained. Staff agreed that they were correctly trained to carry out their roles. The deputy manager told us that plans were in place to allow staff to carry out specialised training such as the care of diabetes.

We looked at staff training records. We confirmed staff had completed what the provider deemed to be mandatory training and had attended additional courses relevant to their roles, this included person centred support and training on professional relationships.

New staff were provided with an appropriate level of induction which included shadowing experienced members of staff.

In addition four staff had undertaken additional vocational courses related to health and social care.

We looked at supervision and appraisal records for staff. The registered manager was ensuring that supervision and appraisal were carried out as per the provider's policy. We noted that supervisions were linked to training and competencies of staff.

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.

We examined how the service supported people to make their own decisions. People we spoke with lived as independently as possible within their local communities. We saw that the service assessed people's decision making skills to ensure they offered the correct levels of support. The staff told us their aim was to ensure they supported people to live as independently as possible.

We looked at how staff supported people to take adequate nutrition and hydration. We saw that assessments had been carried out to establish people's nutritional and hydration needs. Where concerns were identified the service acted to meet people's needs. The service had recently worked with someone who had expressed a desire to lose weight. We saw staff had supported this person with good nutritional advice and had supported them to shop for and cook healthier meals.

We saw from the written records the service regularly involved other health and social care professionals in people's care. We found evidence that staff escalated people's health problems to the appropriate specialists.

Is the service caring?

Our findings

We spoke with people who used the service and they told us that staff were caring and treated them with respect.

We spoke with staff who told us they had built appropriate professional relationships with people over many years.

We were able to visit some people in their own homes during the inspection. We observed staff speaking with people in a friendly professional manner.

We saw that people were encouraged to express their views about their care and their likes and dislikes. Staff used this information to ensure that people were supported in the manner of their choosing.

We noted that people who used the service were involved in making decisions about their care. We found evidence that demonstrated the service always respected people's rights to make these decisions. Advocacy services were promoted by the registered manager if people wished for additional support to express their wishes.

The service ensured that people lived as independently as possible. Support plans reflected this.

We found evidence in people's support plans that the service endeavoured to respect people's privacy and dignity while providing care in their own homes.

We noted that the service had robust policies that referred to upholding people's privacy and dignity. In addition the service had policies in place relating to equality and diversity, this helped to ensure people were not discriminated against.

Though the service did not offer specific end of life care services they were able to work alongside other agencies if the need arose.

Is the service responsive?

Our findings

We looked at the written records of care for people who used the service. We saw evidence that indicated the service had carried out assessments to establish people's needs. People were assessed as to whether they needed support in all aspects of their life.

We looked at the standard of support plans in the service. We found evidence that the service was formulating clear and concise support plans that were easy to understand. Staff had written daily notes that corresponded with people's plans of care.

People who used the service had access to their support plans as a copy was kept in their homes. Reviews of support plans were carried out regularly and involved the person receiving support. Their relatives and other health and social care professionals were involved where appropriate.

We noted that the service ensured that people were supported to access their local community with appropriate support. One support plan we looked at showed that a person was being supported to take exercise, cook and go on regular holidays.

We asked people if they knew how to raise concerns about the service they received. One person told us, "I would speak with the [registered] manager."

The service had a formal complaints policy and procedure. The procedure outlined what a person should expect if they made a complaint. There were clear guidelines as to how long it should take the service to respond to and resolve a complaint. The policy mentioned the use of advocates to help support people who found the process of making a complaint difficult. There was also a procedure to follow if the complainant was not satisfied with the outcome.

At the time of our inspection there were no outstanding complaints. The registered manager told us that she liked to resolve issues informally wherever possible.

Is the service well-led?

Our findings

We spoke with people who used the service and their relatives and asked them if they thought Insight Rehabilitation Services was well led. People told us, "Yes, they are great."

We spoke with staff who told us, "We have a great relationship with the manager."

We spoke with the registered manager and asked about her vision for the future of the service. She told us, "I continue to raise money for ABI charities and I want to continue to raise the profile of people with ABI. I want to make things better for people. The service works well because it is small, it works well as it is."

We looked at the management structure of the service. The registered manager had a deputy in place and a senior support worker. The registered manager and her deputy provided on-call cover for the service. We judged this sufficient for the size of the service.

We looked at how the service managed their records. We were aware that records pertaining to people who used the service were held at the services registered location in Carlisle as well as in people's homes. The service had arrangements in place to ensure that all records were collected regularly and stored electronically.

We saw evidence that questionnaires were sent to people who used the service. They were designed to ascertain whether people were satisfied with the service they received. The returned questionnaires were analysed and action plans created. For example one person had asked for a holiday planner to map out when staff were on annual leave. This enabled them to plan their own holidays around the people who helped support them.

Audits and checks were undertaken regularly. These included paperwork audits, training audit and observations of the staff's performance. The outcomes of audits were analysed by the registered manager of the service who then used them to improve the way the service was run. In addition to this the people who used the service were involved in checking the paperwork held in their own homes to ensure that it was correct.

The registered manager told us she worked closely with key organisations to develop the service. We spoke with a representative of the local adult social care team who confirmed this.