

Insight Specialist Behavioural Service Ltd

Insight Teynham

Inspection report

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Tel: 01795521122

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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

We inspected Insight Teynham on 17 October 2017. Insight Teynham provides care and support for up to 13 people with learning disabilities and additional challenging behaviours. Insight Teynham is split into three separate units on one site. At the time of our inspection, 12 people were living at the service.

The service had a registered manager in post. 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 Good. At this inspection we found the service remained Good and met all relevant fundamental standards.

Why the service is rated Good.

Staff had good knowledge of how to safeguard adults from abuse and knew what actions to take if they suspected abuse was taking place. The provider had carried out appropriate employment checks to ensure that staff were safe to work with people at the home. There were sufficient numbers of staff deployed to keep people safe. The provider gave staff appropriate training to meet the needs of people. Staff received one to one supervision and appraisals from the registered manager to support them in their roles.

People's needs had been assessed and detailed care plans developed. Care plans contained risk assessments for daily support needs that were personalised for individuals. People's food preferences were taken into account when designing menus.

Medicines were stored securely and safely administered by staff who had received appropriate training to do so. People were being referred to health professionals when needed. People's records showed that appropriate referrals were being made to GP's, speech and language therapists, dentists and chiropodists.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff and the registered manager demonstrated a good knowledge of the Mental Capacity Act 2005 and had followed the principles of the Act.

Relatives spoke positively about staff. Staff communicated with people in ways that were appropriate to their needs. People's private information was stored securely and discussions about people's personal needs took place in a private area where it could not be overheard. People were free to choose how they lived their lives. People could choose what activities they took part in and these reflected their personal interests.

The provider had ensured that there were effective processes in place to fully investigate any complaints. Records showed that outcomes of investigations were communicated to relevant people. People were empowered to manage any personal disputes they had. People and their relatives were encouraged to give feedback through resident meetings and yearly surveys. The provider had ensured that there were quality monitoring systems in place to identify any shortfalls and the registered manager acted on these appropriately.

Relatives and staff spoke positively about the registered manager. The registered manager was approachable and supportive and took an active role in the day-to-day running of the service. Staff were able to discuss concerns with the registered manager at any time and had confidence appropriate action would be taken. The registered manager was open, transparent and responded positively to any concerns or suggestions made about the service. The registered manager was informing the CQC of all notifiable events detailed in the regulations.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Insight Teynham

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 17 October 2017 and was unannounced. At our previous inspection on 16 October 2015, the service was rated as good in all domains.

The inspection team consisted of one inspector. Before the inspection, we reviewed previous inspection reports and notifications. A notification is information about important events which the home is required to send us by law. We looked at safeguarding and whistleblowing information we had received.

We spoke to three members of staff including the registered manager, positive behaviour specialist assistant manager and care staff. We spoke to three people that lived in the service and two people's relatives. We contacted health and social care professionals to obtain feedback about their experience of the service.

We observed care and support being provided. We looked at records held by the provider and care records held in the service. These included three people's care records, risk assessments, staff rotas, four staff recruitment records, meeting minutes, policies and procedures, satisfaction surveys and other management records.

Is the service safe?

Our findings

People and relatives told us they believed that the service was safe. One person told us, "It is safe here." One relative told us, "It is a safe service, I can nap knowing [X] is safe." Another relative told us, "Yes [X] is safe. The staff work hard to make sure of it."

People were protected against abuse by staff that had received safeguarding training and could identify the types of abuse and how to appropriately react. One member of staff told us, "It is identifying the forms of abuse and how we report it. I would record any concerns and go to the manager who would deal with any concerns. We can also report to senior management or the local authority." The provider had policies and procedures in place for investigations into any safeguarding concerns and the registered manager was following these.

People were supported to take risks to retain their independence whilst any known hazards were minimised to prevent harm. People had risk assessments that were personalised to their needs and these were reviewed on a regular basis and adjusted if a person's needs had changed. For example, records showed when care had to be increased for people who required additional support. There was a generic risk assessment and where additional risks were identified these further assessments had been made, e.g. for choking, behaviours that may challenge or specific activities. One member of staff told us, "It is important that we use a positive risk approach to care so that people can do the things they want to do. Like horse riding, there is always going to be a risk but it is how we manage those risks so that the person can still do it." Environmental risks were being managed effectively through regular monitoring and checks conducted by the registered manager. There were up to date safety certificates for gas appliances, electrical installations, and portable appliances. The registered manager ensured that general risks such as slips and trips were regularly assessed. Regulatory risk assessments were completed to reduce hazards around manual handling, Control of Substances Hazardous to Health (COSHH), fire safety including emergency evacuation plans for each person and food safety.

There were sufficient staff to support people and meet their needs. One relative told us, "When I am there, there are always people (staff) about to provide support. The provider followed safe recruitment practices that ensured that staff were safe to work in a care setting. We looked at the personnel files of three members of staff. The information provided included completed application forms, two references and photo identification to ensure that the members of staff were allowed to work in the United Kingdom. The records showed that checks had been made with the Disclosure and Barring Service to make sure staff was suitable to work with vulnerable adults.

There were safe medicines administration systems in place and people received their medicines when required. Staff checked people's medicines in to and out of the service when they arrived and left. Two members of staff signed in medicines to ensure there was less risk of an error. We checked the medicines administrations record (MAR) charts for people and found that MAR charts had been completed correctly, with signatures showing where people had been administered medicines by staff. Some people had 'as and when required' (PRN) medicines; there was a protocol in place to guide staff when the medicine should be

offered, the minimum time between doses and how often a person could have the medicine in 24 hours. Staff who had received training administered medicines and had their competency checked by the registered manager.

Is the service effective?

Our findings

People's relatives spoke positively about staff and told us they were skilled to meet their needs. One relative told us, "I have no problems with them (staff). They are clearly well trained to do the role." Another relative told us, "I am confident that the staff understand his needs."

Staff told us they were well supported and had received the training they needed to be effective in their role. For new staff an induction programme was in place to ensure they received the appropriate training, support and guidance to enable them to provide safe and effective care to meet people's needs. New staff were able to shadow a current staff member until they were deemed competent and confident to provide care. New staff had to be assessed as being competent by management and an induction checklist was in place to ensure that all areas were covered and signed off by the new member of staff and registered manager. Training records showed that staff had received their mandatory training and included specific training to meet people's needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). The registered persons and staff were acting within the legal framework of MCA.

People had access to a good, balanced and nutritional diet. There was a four-week menu plan in place that was designed with people, staff and a dietician. This ensured that people had the meals that they wanted and that these were nutritionally balanced. There was also a person centred week menu where people living at the service got to fully pick the menu. One member of staff told us, "Week five is when people pick what they want, for example, burgers and chips or pizza." Where people had specific dietary requirements, these were catered for by staff. We saw that referrals were being made to Speech and Language Therapists when required. Food was being stored correctly with any opened items labelled and dated, so staff members would know when they would expire.

People were supported to have access to healthcare services and maintain good health. Referrals had been made to other health professionals when required. This included GPs, district nurses, dentists and psychologists. Records showed that if people needed to see their GP this would be organised as required. Staff were proactive in ensuring that the appropriate professionals were contacted to maintain people's health.

Is the service caring?

Our findings

People's relatives spoke very positively about the caring nature of the staff. One person told us, "I like the staff. They are good." One relative told us, "They are very caring. They have time to sit with them and they know them all well."

Staff were seen to be kind and caring towards the people they supported. We observed staff having the time to spend with people. Following an accident, a member of staff sat with the person and made sure they were okay. The member of staff spent time talking about what the person was up to that day. This clearly reassured the person and the person was visibly happy with the interaction. When observing staff it was clear that they knew people well. One member of staff, after entering a person's room, started to talk about specific sports that the person enjoyed. When people presented behaviour that may challenge staff were quick to identify the signs and these were managed as per the guidance in people's records.

People living at the service were encouraged to be as independent as possible. Staff told us that it was important that they encourage people to be as independent as possible by providing the correct support. One member of staff told us, "We encourage independence through many different means. For example it can be done through personal care and trying to encourage the person to do as much as they can for themselves. We also encourage people to do housework and get involved with the cooking." During preparation for dinner, we saw staff positively encouraging people to take part in cooking. One person was assisted to chop vegetables and another was supported to cook the chicken curry. It was clear from the interactions that people were enjoying taking part. The registered manager told us, "There are people living here whose goal it is to live independently and we are assisting them with that." One person told us, "One day I would like to live in my own place."

People and their relatives were supported to express their views and be actively involved in making decisions about their care, treatment and support. Care plans were reviewed before every stay at Insight Teynham and relatives and people were asked to sign their care plans. As people's needs changed their guidelines and care, plans also changed. Staff told us that they were able to update plans regularly. One staff told us, "If there is a change to people's needs then we can update the care plans accordingly." One relative told us, "We are invited to the reviews of the care plan. The staff let us know if there are any concerns." However, another person told us, "I am invited to the reviews of the care but the communication is sometimes poor and I do not get told things that I should get told." We reported the concerns to the registered manager who told us, "We have a communication sheet to record when we contact family. However, sometimes they may not be in and we have to leave messages." We saw evidence to show that management were logging call made to relatives. We recommend that the registered provider review the systems for communication with relatives to ensure it is meeting their expectations.

Staff promoted people's privacy and respected their dignity. Staff had received training in respecting people's privacy, dignity and confidentiality. Staff did not enter people's bedrooms or communal areas unless they were invited to do so. Care plans and confidential information was kept locked away in

cupboards. This meant that people's information was kept securely and safely.

Is the service responsive?

Our findings

Relatives of people using the service spoke positively about the support given to people moving to the service. One relative told us, "They were all marvellous. When [X] moved to the service it was difficult as the area he was moving to was well outside of his comfort zone. When he moved in they worked with him and I can see he has improved greatly over a relatively short period. The registered manager met with people to carry out a full pre-admission assessment to reduce any anxiety a person may have moving to a new environment. The provider employed positive behaviour specialist who would work with people when they move to a service and throughout their time living there. This allowed the service to put in place appropriate methods and restriction for people so that they could develop positively. It was clear from people's records that with the use of correct methods to manage behaviour that may challenge led to a positive impact on the quality of life a person had.

People's care plans were reviewed and developed on a regular basis by their keyworkers. Records showed that staff were documenting when there had been a change to the care plan and that people and relatives were involved. People were set goals and records showed that staff were documenting individual development and when goals were achieved. One member of staff told us, "The goals may seem small but they mean a lot to the people and their families and promotes further independence." Staff attended regular handover that included information on medical concerns, daily living, behaviour and monitoring.

People could choose what activities they participated in and these were personalised to their needs. People's records showed that they were attending their chosen activities on a regular basis. Activities included swimming, horse riding and personal shopping. People were free to change their mind at any time and staff accommodated this. For example, one member of staff told us that a person wanted to go to a specific swimming pool and go for a salad after. When we spoke to the person, they decided that they wanted to go to a different location and get a take away after. This change was fully accepted by the member of staff. Where people had specific routines these were accommodated by staff and there was always staff available to ensure that these activities happened. For example, one person liked to go to a specific place once a week followed by a specific shop. Records showed that this was happening with staff. Care plans were personalised and each file contained information about the person's likes, dislikes and people important to them.

People's individual communication needs were met by staff who understood them. Care plans explored people's communication needs and gave staff the guidance they would need to communicate effectively with people. For example, one person's support plan described the way staff should always communicate in a calm and gentle manner whilst keeping the person informed of what they were doing. Staff were directed to use easy to understand, short factual sentences.

The provider had a clear up to date complaints policy that was communicated in a way that was easy to understand and made available to all people living at the service and their visitors. Relatives we spoke to told us they would know how to complain if the need arose.

Is the service well-led?

Our findings

Relatives and staff spoke positively about the registered manager and the service. One person told us, "The manager is a good laugh." One relative told us, "The manager is very approachable; I always feel I can ring them at any time." Another relative told us, "The manager is very good and knowledgeable." One member of staff told us, "The manager is very supportive. If we have any problems he listens and helps where he can." Another member of staff told us, "The manager is very good. You can pop in whenever anything is on your mind. He also helps us develop." The registered manager was seen to have a presence throughout the service during the day and this was positively recognised by both staff and people at the service.

There was a registered manager in post. 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. The management team included an operations manager, a registered manager, and a deputy manager.

There were processes in place to check the quality of the service and identify any shortfalls. There were health and safety audits carried out by the management team. This included a review of accidents and incidents, personal protective equipment, the working environment and slips trips and falls. There was an action plan to ensure improvements were made. Recent action included repairing of a fire door and the replacement of a window restrictor. There was a medication audit carried out by senior staff that identified and investigated any gaps in people records and ensured that any out of date stock was safely removed from the service. The positive behaviour support coordinator completed a positive behaviour support audit. This ensured that the methods being used by staff were having a positive impact. A recent audit showed that reported restrictive practices had declined from 44 cases in January 2017 to one in the most recent audit.

The registered manager used surveys and meetings as methods for gathering views of people that use the service, and staff. A recent service user survey showed that people were happy living at Teynham. At a recent service user meeting people were given time to discuss their feedback with staff. It was recorded in the survey that seven out of ten people were not happy with the activities on offer. However, of the ten people at the meeting all said that they were happy with the activities they choose to participate in. A 2017 staff survey showed that staff were happy with the support they received from Insight.

All documentation relevant to the running of the service and people's care was well organised, appropriately completed and updated. Policies were easily accessible to staff, and continually updated by the provider to reflect any changes in legislation. Records were stored confidentially, archived and disposed of when necessary as per legal requirements. The registered manager was aware of their responsibility to comply with the CQC registration requirements. They had notified us of events that had occurred within the service so that we could have an awareness and oversight of these to ensure that appropriate actions had been taken. They were aware of the statutory Duty of Candour which aimed to ensure that providers are open, honest and transparent with people and others in relation to care and support. The Duty of Candour is to be open and honest when untoward events occurred.

