

Inroads (Essex) Ltd

Inroads Open Care

Inspection report

Hadleigh Business and Learning Centre
Crockatt Road
Hadleigh
Suffolk
IP7 6RH

Date of inspection visit:
23 January 2018

Date of publication:
26 February 2018

Tel: 01473826192

Website: www.inroadsessex.co.uk

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

The inspection took place on 23 January 2018 and was announced. Inroads Open Care supports people with a learning disability in three settings. This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community [and specialist housing]. On the day of our visit there were ten people supported by the service.

The inspection was announced as this service is small we wanted to make sure that someone would be available when we visited.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions of Safe, Effective, Responsive and Well-led.

At this inspection, we found that there were sufficient staff to support people and staff morale had improved. The quality assurance system had been developed and information from the audits had been used to improve the service and support provided to people in relation to their assessed needs.

A registered manager was in place and was based at the service central office. They visited people and staff regularly and did provide support themselves on planned occasions. 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.

People looked at ease with staff and told us that the staff were kind. One person was able to talk with us about their experiences of the service which were positive.

Each person had a support plan and a risk assessment which identified actions which should be taken to minimise the risk. There was a robust recruitment process and staff received an induction, supervision and on-going training. Medicines were safely stored and administered as prescribed.

Staff were knowledgeable about the signs of abuse, and the actions that they would take should they have any concerns.

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 support this practice.

Support plans were in place for each person and written in four interlinking parts. The information provided staff with the information they needed to support people. People's preferences and choices had been identified in their support plan. People choose the food and drinks they consumed.

There was a complaints policy and procedure in place. Relatives informed us they were confident any

complaint would be listened to and investigated. All people were supported by staff to pursue activities and interests of their choice.

The service staff provided a positive culture of support to the people using 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.

There were sufficient numbers of staff deployed to meet the assessed needs of people.

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

There were systems in place for the safe recruitment of staff.

Risks to people's well-being were assessed and plans were in place to minimise the risks.

Medicines were administered safely.

Is the service effective?

Good ●

The service was effective.

Staff were supported with training and supervision.

People were supported to maintain their health.

Is the service caring?

Good ●

The service was caring.

Staff listened to people and treated them with care and compassion.

Staff knew the needs of individuals using the service.

People's privacy and independence were respected and promoted.

Is the service responsive?

Good ●

The service was responsive.

Care plans were person-centred and detailed about the person's needs and support provided by the staff.

People's on-going needs were assessed and support planned in response.

Procedures were in place to address complaints.

Is the service well-led?

The service was well led.

There were quality assurance systems in operation.

The service worked in partnership with other organisations.

Good ●

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 on 23 January 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be available. The inspection was carried out by one inspector.

Prior to our inspection, we reviewed information we held about the service including the action plan supplied to us after the last inspection stating how and by when the service would improve. 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.

Some people had complex needs, which meant they could not always readily tell us about their experiences. They communicated with us in different ways, such as facial expressions, signs and gestures. We also observed interactions between staff and individuals in communal areas. We spoke with one person using the service, four relatives, three professionals, five members of support staff plus the deputy and the registered manager.

We reviewed three support plans, five medication administration records, three recruitment files, and other records about the safety and quality monitoring of the service.

Is the service safe?

Our findings

At the last inspection in December 2016, we found the service had failed to provide sufficient numbers of staff to meet peoples assessed needs. This was a breach of Regulation 18 Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection this key question was rated as 'requires improvement'. At this inspection, we have judged that the service has improved to 'good'.

At this inspection we found that the necessary improvements had been made. Service staff were supporting ten people. We saw the staffing arrangements to provide support for each individual person. Staff supported people throughout the day and night and were also assigned to support people on a one to one basis, in line with the individuals assessed needs. One person told us, "There are enough [staff] here to help."

The registered manager informed us that since coming into post they had focussed upon ensuring there were sufficient staff on duty to provide stimulation and meet people's assessed needs. The staff we spoke with considered things had improved since our last inspection and there were sufficient staff on duty. Staff informed us that they did work additional hours when needed to cover staff sickness and absences. A member of staff informed us that staff retention had improved and this had supported team working through staff getting to know each other well and the people they supported. A relative told us, "Things are much better [my relative] needs two people to support when going out and it is rarely cancelled due to there not being enough staff." They further explained that people were supported to follow their own interests.

There were risk assessment records in place for each person which explained what actions staff should take to reduce the risk. People's individual risk assessments stated potential triggers and guidance on how to keep individuals and staff safe from harm. The staff we spoke with told us what they would do in the event of an emergency such as a fire and confirmed they had received training at induction and update training. Each person had a personal emergency evacuation plan to explain to staff the support they would require in an emergency and how to support them.

All of the staff we spoke with informed us they had all undertaken training about safeguarding people and were aware of the policy and procedure. One member of staff told us, "I would talk with the manager or deputy if I had any worries about abuse." Another member of staff told us, "Very good training and the manager was interested to know afterwards that we understood the safeguard training." This meant that systems were in place and staff were knowledgeable about safeguarding procedures.

There was a robust recruitment process in place. The registered manager explained to us the recruitment procedure and the importance of identifying potential staff that would enjoy the role of providing support. We noted potential staff were invited to interview from information provided on an application form. We saw that gaps in employment histories had been clarified by the registered manager. Information had been checked with the Disclosure and Barring Service, which helps employers make safer recruitment decisions regarding unsuitable people from working with vulnerable groups.

We saw there was a Medication Administration Record (MAR) in place for each person. People's medicines were stored in their individual rooms in a locked cupboard which contained a seven day supply. Repeat medicines were ordered every 28 days and stored securely in the office. We looked at the MAR charts and saw they had been completed accurately. For medicines that were taken 'as required' there was clear guidance and information on when to offer these medicines. For example, some people were not able to explain if they felt unwell and staff told us that they noted changes in people's behaviour and would offer pain relief. We saw this information had been recorded on the MAR chart and care plan.

Staff informed us about the medicines training and what peoples medicines had been prescribed for. We saw that audits of the medicines were carried out every day to identify if there were any errors and to take corrective actions. Staff supported one person to administer their own medicines. They told us, "The staff are very helpful."

There was a policy and procedure in place for infection control and staff had received training about the importance of this subject. Staff had access to protective equipment, such as disposable gloves and aprons when required. Relatives informed us that when visiting everywhere was clean. Staff told us that part of their role was to maintain a safe environment for people and this included cleaning and reporting information to the registered manager regarding repairs.

The registered manager informed us how the service staff learnt lessons to improve and develop the service. They explained the content of the action plan that had been written as result of the last inspection and how actions had been implemented. They also explained that all incidents, accidents and near misses were recorded and then analysed by the registered manager and senior staff to implement any necessary changes and improvements. This included identifying triggers such as bright light and noise which upset people and caused people to react in a negative way. Action had been taken to reduce these stimulations quickly if people showed the recognised signs of becoming upset.

Is the service effective?

Our findings

At the last inspection this key question was rated as 'requires improvement'. At this inspection we have judged that the service has improved to 'good'.

At the last inspection, some members of staff told us that they did not have enough supervision. At this inspection we found that staff felt well supported by the deputy and registered manager. There were planned supervision sessions, spot checks and team meetings in place. One staff member considered that they would like more supervision, and they planned to talk to the registered manager about particular aspects of care they wanted to discuss. The registered manager was aware of the supervision policy and planned supervision sessions, spot checks of staff practice and annual appraisals in advance. There had been a number of new staff and internal promotions of staff since our last inspection. All staff informed us that the staffing was now far more stable and the registered manager explained this also meant that planning of supervision and appraisals were now easier to arrange. Staff informed us the induction for new staff was well planned and informative providing the knowledge they required to support people.

We saw the service training matrix which identified the training provided to staff and further training planned. The registered manager had sought the advice and support of the local authority provider support team and a member of that team confirmed with us that they had provided training sessions. They considered that the training was well attended and that staff had shown particular interest and skill in areas such as dignity and respect of the individual. Staff had received training in physical interventions, epilepsy, risk assessing, autism and food hygiene. A member of staff told us, "The training is very good and gives you the confidence to be able to help the gentlemen."

Each support plan had a detailed assessment of the person's needs and plan of how the staff would support the person. The support plan was divided into four linking parts: all about me, decision making, how to provide the support and how to keep the person safe. The support plan also explained how to support the person to maintain their health and wellbeing. Specific conditions were noted and plans were in place of how to provide the support required. A professional informed us the staff asked them for advice and training about how to support a person with a specific condition. They explained they found the staff attentive at the training they provided and staff came to meet them for advice at times convenient to themselves.

Staff informed us about the support provided to people with health appointments such as the dentist. A relative told us, "The staff are good at keeping us informed and do attend appointments with [my relative]."

Each person had a hospital passport within their support plan. This information had been recorded in the event that the person was admitted to hospital or attended a health appointment in the community. This was so that when accessing healthcare support the staff would know important information about the person in order to deliver the support required effectively. A professional informed us that the service staff had helped them to deliver support to a person. They considered the staff were person centred and focussed on a positive outcome for the person. They had worked together to plan an admission to hospital and towards discharging the person back to their familiar surrounding as soon as possible.

People were supported to eat and drink according to their needs and preferences. A relative told us, "[My relative] has a healthy appetite and they enjoy the many different meals that are provided." Staff informed us that not all people would be able to consume regular meals throughout the day. Staff had identified snack foods that people enjoyed and while remembering healthy eating provided the people concerned with snack boxes which were stocked up each day. People were able to access the boxes to enjoy the snacks when they did not wish to consume a main meal. During the inspection we saw that people were encouraged and asked for their choice of drinks which were provided to them. One relative informed us the staff had helped their relative to cook and as they became more confident they increased the number of meals they prepared. They further explained that their relative had progressed to becoming confident enough to go shopping for the ingredients for their meals.

It had been identified by the staff that not all people could focus to eat a main meal together and therefore staff supported people on a one to one basis with their food at meal times. Staff supported people to go shopping for their favourite foods at local stores.

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. The registered manager was aware of their responsibilities regarding MCA. Information recorded showed that best interest decisions had been made after discussion with families and other professionals to determine what was in the person's best interest.

Is the service caring?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the service remains 'good'.

One person told us, "I am very happy to be here the staff are caring." A person who was not able to fully converse with us did smile and raise their hand in a gesture to inform us that they were happy with the support provided. A relative informed us, "Lovely caring staff, difficult job and do it well."

Staff informed us that the senior staff promoted a culture of kindness and understanding which was understood by all staff. They demonstrated this through a person-centred approach and not task orientated. A member of staff told us, "We have a plan of what to do each day and this is arrived at by asking the person to pick from different pictures what is their choice."

The staff we spoke with knew people well and spoke about them in a respectful and caring way. During our inspection we saw positive interactions from staff whilst supporting people. A member of staff was playing a game with a person and was encouraging them to speak during the game. The person was trying to develop their vocabulary and this opportunity of focussing on a game was a positive opportunity. The person found sitting on the floor to play the game easier than a chair and the staff sat beside them and made regular eye contact and gave verbal encouragement.

Throughout the inspection we heard staff speaking calmly to people and using non-verbal communication to support the spoken word. The service staff displayed a Makaton gesture for a week at time on the notice board and encouraged all people and staff to use the word and Makaton sign. Makaton is a method of communication using signs and symbols and is often used as a means of communication for people with a learning disability. We noted that staff did not rush people and when approached responded to the person in a respectful and appropriate manner. We were also aware the people were clearly confident and comfortable in the company of the staff.

People's support plans provided information to guide staff in supporting people and how they communicated. The plans had symbols, drawings, pictures and cards to aid communication. Some people used these options to communicate and were able to explain to staff if they were upset or needed assistance. One person told us, "The staff have taken time to get to know me and I can explain my feelings."

The staff informed us that they encouraged people to make choices for themselves regarding what they wanted to do and what they wanted to eat and drink. A relative told us, "[My relative] .needs a lot of help but they are more independent now than ever before. Not only do they go out and do more they also interact and make themselves better known." There was information in people's support plans about preferences and choices. One person informed us they had arranged their room as they wished and staff were supporting them to pursue their choices of personal items they wanted to purchase.

Relatives informed us that the service respected privacy and when visiting they were invited when they

wanted to talk in the office. One relative told us, "We are always made welcome to visit and the staff support us with arrangements of when [my relative] will come to visit us."

Is the service responsive?

Our findings

At the last inspection this key question was rated as 'requires improvement'. At this inspection we have judged that the service has improved to 'good'.

At the last inspection, we found that peoples support plans varied in quality. Some being informative and detailed while others less so and they had not been updated for some time.

At this inspection we found that the necessary improvements had been made. All of the care plans had been rewritten with the involvement of the person as appropriate and their relatives. Professionals supporting people had been contacted for their input.

Daily notes had been recorded each day and the support plans updated on a monthly basis from the planned review or more frequently in the light of significant information. Careful and accurate recording by the service staff had provided information to a GP to work with the person and service staff to reduce a person's medicine.

Each individual plan contained information about the persons support needs, preferences and individual goals. There was information for each person entitled, 'Things I like' and 'Things I do not like' with a list for each. This information was clearly recorded which meant that staff were aware of people's individual preferences, interests, and food choices.

We attended a staff handover and listened to the information which was based upon the support needs of each person and how the staff had supported people to meet those needs. We were informed by relatives the staff communicated with them and kept them informed about any changes in their relative's needs. One relative told us, "The staff arrange different things for [my relative] to try and recently it was going to the cinema which they enjoyed." They further explained that their relative went on walks and shopping trips as well as visiting theme parks. The registered manager informed us people had their own cars. Staff were then able to support people to pursue individual interests and individual holidays had been planned with each person.

The registered manager explained to us an event in London which all people had attended. The event was a sensory walk for distances of 100metres to 10kilometres. The event was explained to all the people and many people took walks with staff each day. Sufficient members of staff attended and each person used their car to attend. Should any have decided they did not want to take part at the time a member of staff would be able to support them with an alternative. This meant that people's consent and choice had been respected. All of the people took part and we saw that photographs had been taken with permission of people enjoying a walk through some of the sites of London.

The service had a complaints policy and procedure. We spoke with one person and they informed us they had no complaints to make. They further explained that they had every confidence in the staff that they would help and support them. Relatives we spoke with told us that they did not have any complaints to

make and were pleased with the way the service was developing. Another relative informed us that they had no complaints and would like to compliment the service on arranging a number of events enjoyed by their relative. Another relative informed us, "No complaints I am confident the manager would act quickly to sort anything out if we ever raised a complaint."

Is the service well-led?

Our findings

At the last inspection in December 2016, we found the service did not have systems established and operated effectively for good governance. This was a breach of Regulation 17 Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection this key question was rated as 'requires improvement'. At this inspection, we have judged that the service has improved to 'good'.

Since our last inspection a new registered manager had been appointed and supported by a deputy manager for the service. These full time positions are dedicated to the service to support staff and oversee the delivery of support to people. Both managers provided support to people themselves on a planned basis to demonstrate a positive culture and to lead by example. One relative told us, "The manager is very dedicated, they stayed with [my relative] in hospital when they were not well as they knew each other well."

The registered manager visited senior staff regularly to provide on-going managerial support. We saw from the interactions of smiling and joking the people who used the service knew the managers and staff well. Staff informed us that the registered manager was a visible presence and approachable to listen to and help resolve problems. Staff also informed us that morale had improved and the turnover of staff was greatly reduced. An experienced member of staff told us, "Morale is better as there is less staff turnover and the staff are encouraged to develop themselves through training opportunities." Another member of staff considered that with the improved stability of the staffing the keyworker systems were working better. This meant that staff were now working more regularly with the same people and could build up an understanding relationship of the support required.

To provide support for staff there was an on-call service which meant that staff on duty could contact a senior manager over the 24 hour period for advice and support. The registered manager informed us that they had begun an open surgery on one morning a week when any staff could contact them and arrange a meeting to discuss any problem or difficulty. All of the staff we spoke with considered that the registered manager was supportive.

The senior staff had worked on the quality assurance systems which were now well developed. Members of staff had been assigned responsibility for completing a range of checks such as medicines to ensure that people were receiving their prescribed medicines. There were further audits of support plans and staff training. Where shortfalls were identified the registered manager investigated and took action to improve the situation. Any events involving self-harm and when staff were required to intervene were recorded, discussed and reviewed. We saw from the information recorded after careful examination of the events leading up to the situation. New approaches had been tried and reviewed to determine if they were successful. This meant that the systems of governance were working and the management did have effective oversight of the service.

We saw that the registered manager and the senior staff were passionate about making further

improvements to the service. They were aware of striking a balance between continuing to support people who used the service for a long time while welcoming new people to the service to support them with their desires to move on from the service later as they developed their skills. One person informed us before coming to the service they had met the staff and had been invited to a barbeque to meet other people and see the service for themselves to determine if they thought this was the correct move for them. A relative told us, "I am confident the care has become more person-centred than before and this is due to caring staff being well managed."

The registered manager informed us about three important elements for the future success of the service which they intended to continue to work upon. Those were person-centred care, additional training for the staff and working closely with other professionals. The registered manager was planning to have people's medicines reviewed regularly and also to hold planned review meetings for people which would include all relevant parties being invited with the person's permission. We noted how the service was working with professional staff in diabetes, epilepsy and autism, and planned to keep these relevant professionals involved in the review of people's support process..

People and their relatives were able to make suggestions for improvements they would like to see in the service. A relative told us, "We are kept informed and we do feel involved in providing the support to [our relative]." Further planned surveys will provide information to enable the management team to further develop the service.