

Insight Specialist Behavioural Service Ltd

Insight Walderslade

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 

Overall summary

We carried out this inspection on the 18 June 2015, and it was unannounced. We inspected this service due to concerns we had received. It was alleged that a robust recruitment procedure was not being followed.

Insight Walderslade is a privately owned care home, providing care and accommodation for up to six adults. There were six people at the service at the time of the inspection. People had a variety of complex needs including mental and physical health needs and

behaviours that may challenge. It is one of a group of five care homes owned by Insight Specialist Behavioural Service Ltd. The home is situated near the amenities of Walderslade.

Due to people's varied needs, some of the people living in the service had a limited ability to verbally communicate with us or engage directly in the inspection process. People demonstrated that they were happy in their home by showing warmth to the registered manager and staff

Summary of findings

who were supporting them. Staff were attentive and interacted with people in a warm and friendly manner. Staff were available throughout the day, and responded quickly to people's requests for help.

The service had a registered manager, who was also the nominated individual for the company. 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.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The registered manager and staff showed that they understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

Where people lacked the mental capacity to make decisions the home was guided by the principles of the Mental Capacity Act (MCA) 2005 to ensure any decisions were made in the person's best interests. Staff were trained in the Mental Capacity Act 2005 (MCA) and showed they understood and promoted people's rights through asking for people's consent before they carried out care tasks.

Staff had been trained in how to protect people from abuse, and discussions with them confirmed that they knew the action to take in the event of any suspicion of abuse. Staff understood the whistle blowing policy and how to use it. They were confident they could raise any concerns with the registered manager or outside agencies if this was needed.

Staff were knowledgeable about the needs and requirements of people using the service. Staff involved

people in planning their own care in formats that they were able to understand, for example pictorial formats. Staff supported them in making arrangements to meet their health needs.

Staff were recruited using procedures designed to protect people from the employment of unsuitable staff. Staff were trained to meet people's needs and were supported through regular supervision and an annual appraisal so they were supported to carry out their roles.

Medicines were managed, stored, disposed off and administered safely. People received their medicines when they needed them and as prescribed.

People were provided with food and fluids that met their needs and preferences. Menus offered variety and choice.

There were risk assessments in place for the environment, and for each individual person who received care. Assessments identified people's specific needs, and showed how risks could be minimised. People were involved in making decisions about their care and treatment.

There were systems in place to review accidents and incidents and make any relevant improvements as a result.

The registered manager investigated and responded to people's complaints and people said they felt able to raise any concerns with staff.

Staff respected people and we saw several instances of a kindly touch or a joke and conversation as drinks or the lunch was served and at other times during the day.

People were given individual support to take part in their preferred hobbies and interests.

There were systems in place to obtain people's views about the quality of the service and the care they received. People were listened to and their views were taken into account in the way the service was run.

Summary of findings

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 safe.

People felt safe and staff received appropriate training and support to protect people from potential abuse.

There were sufficient staff to meet people's needs. Recruitment processes were safe and ensured only suitable staff were employed.

People received their medicines when they needed them and as prescribed.

Risks to people's safety and welfare were assessed. The premises were well maintained and equipment was checked and serviced regularly.

Good



Is the service effective?

The service was effective.

People and their relatives spoke positively about the care they received. The food menus offered variety and choice and provided people with a well-balanced and nutritious diet.

Staff ensured that people's health needs were met. Referrals were made to health professionals when needed.

Staff understood people's individual needs. They had received appropriate training and gained further skills and experience through extended training in behaviours that challenged.

Staff were guided by the principles of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards to ensure any decisions were made in the person's best interests.

Good



Is the service caring?

The service was caring.

Staff treated people with dignity and respect. Staff were supportive, patient and caring. The atmosphere in the service was welcoming.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

Good



Is the service responsive?

The service was responsive.

People and their relatives were involved in their care planning. Changes in care and treatment were discussed with people which ensured their needs were met.

Care plans were comprehensive and records showed staff supported people effectively.

A broad range of group activities was provided and staff supported people to maintain their own interests and hobbies.

Good



Summary of findings

People were given information on how to make a complaint in a format that met their communication needs. The provider listened and acted on people's comments.

Is the service well-led?

The service was well-led.

The staff were fully aware and used in practice the home's ethos for caring for people as individuals, and the vision for on-going improvements.

A system was in place to regularly assess and monitor the quality of service people received, through a series of audits. The provider sought feedback from people and acted on comments made.

Visitors were welcomed and the registered manager communicated with people in an open way.

Incidents and accidents were investigated thoroughly and responded to appropriately.

Good



Insight Walderslade

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 18 June 2015 and was unannounced. The inspection team consisted of an 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 examined previous inspection reports and

notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law.

People were not always able to verbally express their experiences of living in the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed staff interactions with people and observed care and support in communal areas.

We spoke with the registered manager, the positive behavioural support co-ordinator, a shift leader and two members of support staff. We spoke with two people and two relatives. We looked at personal care records for three people, medicine records; activity records and four staff recruitment records. We observed staff interactions with people whilst carrying out their duties.

We last inspected the service Insight Walderslade on 2 October 2013, where no concerns were identified.

Is the service safe?

Our findings

People told us that they felt safe living in the service. One person said, “I like it here”. One relative told us, “I feel my relative is safe here. He always seems happy to return after we have been out”. Another relative told us, “My relative has settled and thinks of it as their home”.

There were suitable numbers of staff to care for people’s safely and meet their needs. The registered manager showed us the staff duty rotas and explained how staff were allocated to each shift. The rotas showed there were sufficient staff on shift at all times. The registered manager said if a person telephones in sick, the person in charge would ring around the other carers to find cover. This showed that arrangements were in place to ensure enough staff were made available at short notice. We saw that there were sufficient staff on duty to enable people to go to planned activities, for example going to the beach and going out for lunch. The registered manager told us staffing levels were regularly assessed depending on people’s needs and occupancy levels, and adjusted accordingly.

The provider operated safe recruitment procedures. There was a recruitment policy which set out the appropriate procedure for employing staff. Staff files were kept at the companies head office, and records were available through the company computer internet system. Staff recruitment records were clearly set out and complete. This enabled the registered manager to easily see whether any further checks or documents were needed for each employee, for example references to be followed up. Staff told us they did not start work until the required checks had been carried out. These included proof of identity check, and a criminal background check. The records showed that these checks were carried out for each new staff person before they started work for the company. These processes helped employers make safer recruitment decisions and helped prevent unsuitable people from working with people who use care and support services. Successful applicants were required to complete a two week induction programme during their probation period, so that they understood their role and were trained to care for people safely.

There was a safeguarding policy, and staff were aware of how to protect people and the action to take if they suspected abuse. Staff were able to describe the signs of abuse and what they would do if they had any concerns such as contacting the local authority safeguarding team.

Staff had received training in protecting people, so their knowledge of how to keep people safe from abuse was up to date. The registered manager was familiar with the processes to follow if any abuse was suspected in the service. The registered manager said if any concerns were raised, they would telephone and discuss them with the local safeguarding adult’s team. All staff had access to the local authority safeguarding protocols and this included how to contact the safeguarding team. People could be confident that staff had the knowledge and skills to recognise and report any abuse appropriately.

Care plans included risk assessments which were relevant to the person and specified actions required to reduce the risk. These included the risks identified with people going out into the community, returning from activities, and food brought into the home. The risk management strategy for one person included, instructions to staff, that support was 1:1 with 2:1 support when the person was anxious and challenging. Additional staff support when needed, was to ensure that risky behaviours did not impact upon other people and did not place the person or the carers at risk. A report from a recent visit by a social care professional stated, “There were risk assessments in place for specific risks which were clear. The characteristics of an individual’s behaviour were fully explained, such as, if X presents a certain distress factor, these are the guidelines which should be followed”.

Accidents and incidents were clearly recorded and monitored by the registered manager to see if improvements could be made to prevent future incidents. The registered manager said risk assessments had been changed for one person following family visits. The changes were made to prevent a reoccurrence and to keep people safe.

People were supported to receive their medicines safely. All medicines were stored securely and appropriate arrangements were in place for obtaining, recording, administering and disposing of prescribed medicines. Staff were suitably trained and followed best practice guidance when administering medicines. They knew how people liked to take their medicines and medication administration records (MAR) confirmed that people received the medicines as prescribed. There was information for staff to read about possible side effects people may experience in relation to certain medicines.

Is the service safe?

One of the team leaders undertook the lead role for medicines. This was to make sure that company policy was followed and people received their medicines appropriately and in a safe way.

The premises had been maintained and suited people's individual needs. A new laundry room had recently been completed and the kitchen was currently being refitted. Equipment checks and servicing were regularly carried out to ensure the equipment was safe and fit for purpose. The registered manager carried out risk assessments for the building and for each separate room to check for any hazards.

Emergency procedures in the event of a fire were in place and understood by staff. Records showed fire safety equipment was regularly checked and serviced. Staff knew how to protect people in the event of fire as they had undertaken fire training and took part in practice fire drills. Evacuation information was available in each person's care plan. These included details of the support they would need if they had to be evacuated. These were kept in an accessible place and readily available in the event of an emergency.

Is the service effective?

Our findings

People told us that staff looked after them well. People who were able to commented, “I am happy here” and “I like the staff”. Relatives told us, “The staff are good and kind”, and “Our relative has become more independent and has social opportunities in the local community”.

New staff received a two week induction training, which provided them with essential information about their duties and job roles. This included shadowing an experienced worker until the member of staff was assessed as competent to work unsupervised. Staff had completed or were currently undertaking vocational qualifications in health and social care. These are work based awards that are achieved through assessment and training. To achieve a vocational qualification candidates must prove that they have the competence to carry out their job to the required standard. This allowed management to ensure that all staff were working to the expected standards, caring for people effectively, and for staff to understand their roles and deliver care effectively to people at the expected standard.

Staff received refresher training in a variety of topics such as moving and handling and food hygiene. The registered manager provided a copy of an updated staff training matrix following the inspection. This document showed all the training that staff had received and training that had been booked for staff over the next few months. Staff were trained to meet people’s specialist needs such as, autism and asperger’s. They also completed practical training in behaviours that challenge and behaviour intervention. Staff said the training they undertook, enabled them to give people the support they needed.

Staff were supported through individual one to one meetings and appraisals. These provided opportunities for staff to discuss their performance, development and training needs, which the provider monitored effectively. In this small service staff saw and talked to each other every day.

Staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA), and the Deprivation of Liberty Safeguards (DoLS) and had been trained to understand how to use these in practice. People’s consent to all aspects of their care and treatment was discussed with them or with their legal representative as appropriate. We observed that staff asked people’s consent before assisting with any personal care. Mental capacity assessments had been completed as appropriate. These documented the ability of the person to make less complex decisions, as well as information about how and when decisions should be made in the person’s best interest. The management team were aware of how to assess a person’s ability to make less complex decisions. The registered manager told us, and records showed that DoLS applications, in consultation with other professions had been made for people currently living at the service.

People were supported to have a balanced diet. There were menus in place. The menu gave people a variety of food they could choose from. The quality assurance survey undertaken by the company showed that people said they were offered choices over things they wanted in their life, for example what they ate. The staff knew people well and asked each week if people had any special requests or any requests. Staff offered people hot and cold drinks throughout the day. People were offered choices of what they wanted to eat and records showed that there was a variety and choice of food provided. People were weighed regularly to make sure they maintained a healthy weight.

The registered manager had procedures in place to monitor people’s health. Health action plans had been discussed with people and completed. Referrals were made to health professionals including doctors and dentists as needed. All appointments with professionals such as doctors, opticians, dentists and chiropodists had been recorded. Future appointments had been scheduled and there was evidence of regular health checks. People’s health and well-being had been regularly and professionally assessed and action taken to maintain or improve people’s welfare.

Is the service caring?

Our findings

People told us the staff are all very good. Due to some people's varied and complex needs they had a limited ability to understand and verbally communicate with us. However, the staff recognised and understood people's non verbal gestures and body language. One relative commented, "I am pleased with the way they look after him and the staff are all very helpful". Another relative said "Staff could not be more caring". Due to some people's varied and complex needs they had a limited ability to understand and verbally communicate with us. However, the staff recognised and understood people's non verbal gestures and body language. This enabled staff to be able to understand people's wishes and offer choices.

There was a relaxed atmosphere in the service and we heard good humoured exchanges with positive reinforcement and encouragement. We saw gentle and supportive interactions between staff and people. Staff demonstrated an understanding of people's diverse needs and were able to tell us about non-verbal actions and signs that people used to communicate their needs. All members of staff, regularly interacted with each person who lived at the service, throughout our inspection. This demonstrated that staff involved people and this in turn helped to promote their well-being.

Relatives felt welcomed when they visited and had been involved in planning how they wanted their family member's care to be delivered. Relatives felt involved and had been consulted about their family member's likes and dislikes, and personal history. People indicated through facial expressions and gestures that staff knew them well and that they exercised a degree of choice throughout the day regarding the time they got up, went to bed, whether they stayed in their rooms, where they ate and what they ate. We observed that people could ask any staff for help if they needed it. People were given the support they needed, but allowed to be as independent as possible too.

The staff recorded the care and support given to each person. Each person was involved in regular reviews of their care plan, which included updating assessments as needed. The records of their care and support showed that the care people received was consistent with the plans that they had been involved in reviewing.

Relatives told us and we saw that people's privacy and dignity was respected. Staff gave people time to answer questions and respected their decisions. Any support with personal care was carried out in the privacy of people's own rooms or bathrooms. Staff supported people in a patient manner and treated people with respect. A report from a recent visit by a social care professional stated that "It was seen that staff work positively to foster independence and promote people's esteem. Interactions were observed to be respectful and patient. Requests for help or attention were responded to promptly by staff".

Staff spoke to people clearly and politely, and made sure that people had what they needed. Staff spoke with people according to their different personalities and preferences, joking with some appropriately, and listening to people. People were relaxed in the company of staff, and often smiled when they talked with them. Support was individual for each person.

People were able to choose where they spent their time, for example, in their bedroom or the communal areas. We saw people had personalised their bedrooms according to their individual choice. People were invited to attend residents' meetings, where any concerns could be raised, and suggestions were welcomed about how to improve the service. Relatives told us that they could talk freely to the registered manager or the deputy manager. The registered manager followed these up and took appropriate action to bring about improvements in the service.

Is the service responsive?

Our findings

Staff told us that people received care or treatment when they needed it. One relative told us that the registered manager kept in contact and provided updates in relation to any changes. They said that staff brought their relative for a home visit on a regular basis. Another relative told us that they were informed of the six monthly reviews and attended these meetings.

People and their relatives or representatives had been involved when assessments were carried out. People's needs were assessed and care and treatment was planned and recorded in people's individual care plan. The social care professional reported that "Care plans had been individually reviewed. There were comprehensive needs assessments in place, detailing the support people needed with their everyday living". These care plans contained clear instructions for the staff to follow so that they understood how to meet individual care needs. For example, "X is very able to complete most of their personal care. X will need support with shaving. If this is left, it can leave X looking unkempt and not cared for". A pictorial evening routine guide was seen for one person, and included ensuring there was a clean towel and clean nightwear, offering a hot milky drink and giving the person the opportunity to have a 'chat'. These guidelines had been set up to ensure that the person was more likely to have a settled night. The staff knew each person well and was able to respond appropriately to their needs in a way they preferred and was consistent with their plan of care.

People's needs were recognised and addressed by the service. The level of support people needed was adjusted to suit individual requirements. The care plans contained specific information about the person's ability to retain information or make decisions. Staff encouraged people to make their own decisions and respected their choices. Changes in care and treatment were discussed with people before they were put in place. People had their individual needs regularly assessed, recorded and reviewed. They and their relatives as appropriate were involved in any care management reviews about their care.

Clear guidance was in place for staff to support people who presented behaviours that could harm them or other people. The specific behaviours that the person may exhibit were clearly listed, together with the appropriate response that staff should take and information about

what could trigger the behaviour. People's changing needs were observed and recorded on a daily basis. This information was monitored and reviewed by staff and the positive behaviour support team. A member of the team assessed, reviewed and gave advice about how to support people with their behaviours. Their findings were then fed back into individual care plans, risk assessments and behaviour guidelines to make sure that they were up to date. A member of this team attended the six monthly review meetings of each person's care. This meant that people's needs were monitored and reviewed on a regular basis to ensure that their needs were met.

People were supported to take part in activities they enjoyed. A social care professional reported that "People engaged in a range of community or educational activities and these were kept under review, demonstrating people had genuine choice in activities outside in the community". Records showed that people had the opportunity to access the local community such as walks, pub meals and visiting relatives. Records showed that people were able to celebrate events that were important to them, such as birthdays. We saw that people were supported to go out to their planned activities. At the time of our visit one person was on a week's holiday in Herne Bay. People visited local zoos, nature reserves and local beaches. Activities had been tailored to meet people's individual needs and staff described how they continually reviewed and developed activities by seeking feedback from people. People's family and friends were able to visit at any time. We saw that people took part in independent living skills such as cleaning, making drinks and doing their laundry on the day of our visit. This meant that people took part in home life and activities in the local community.

The service was adapted to meet people's individual needs. For example, bedrooms were decorated with posters and ornaments of their choice, demonstrating an understanding of person centred care.

Complaints received by the service were dealt with in a timely manner and in line with the provider's complaints policy. People were given information on how to make a complaint in a format that met their communication needs. For example, in large print and pictorial format. Staff told us that people showed their concerns in different ways either verbally, or by facial expressions and different behaviours. Most concerns were dealt with at the time they were raised by people. Relatives told us that if they had any concerns

Is the service responsive?

they would speak with the registered manager or the deputy manager. They said they had no concerns. The registered manager said that any concerns or complaints were regarded as an opportunity to learn and improve the

service, and would always be taken seriously and followed up. Relatives told us they knew how to raise any concerns and were confident that the registered manager dealt with them appropriately and resolved these.

Is the service well-led?

Our findings

Relatives and staff told us that they thought the service was well-led. Relatives said that they had no concerns and that the registered manager was approachable and very helpful. Staff commented “We work very well as a team” and “We can always talk to the manager if there is a problem, and he will take action to resolve any issues”.

People, relatives and social care professionals spoke highly of the registered manager and staff. We heard positive comments about how the service was run. People said that staff and management worked well together as a team. They promoted an open culture by making themselves accessible to people and visitors and listening to their views. The registered manager said there was regular contact with parents and families.

The provider had a clear vision and set of values for the service. This was described as “Insight’s philosophy of care is to offer clients the opportunity to lead a normal life and enable clients to have choice and control over their own lives”. The management team demonstrated their commitment to implementing these values, by putting people at the centre when planning, delivering, maintaining and improving the service they provided. From our observations and what people told us, it was clear that these values had been successfully cascaded to the staff. Staff were committed to caring for people and responded to their individual needs. For example, person centred care plans, individual activity plans and bedrooms that had been decorated to the individuals taste.

The management team at Insight Walderslade included the registered manager, and the team leader. The service support manager provided support to the registered manager and the registered manager provided support for the team leader and support staff. We spoke with staff about their roles and responsibilities. They were able to describe these well and were clear about their responsibilities to the people and to the management team. The staffing and management structure ensured that staff knew who they were accountable to. Staff said that the management team were approachable and supportive, and they felt able to discuss any issues with them.

There were systems in place to review the quality of all aspects of the service. Audits were carried out to monitor areas such as care planning and accident and incidents and external auditing was carried out in relation to health and safety. Appropriate and timely action had been taken to protect people from harm and ensure that they received any necessary support or treatment. There were auditing systems in place to identify any shortfalls or areas for development, and action was taken to deal with these for example, refresher training for staff. These checks were carried out to make sure that people were safe.

People were asked for their views about the service in a variety of ways. These included formal and informal meetings where people were asked about their views and suggestions; events where family and friends were invited; questionnaires and daily contact with the registered manager, deputy manager and staff. One relative had commented “I am so happy with our son’s placement with Insight. They never make a big deal about his challenging behaviour. We feel very lucky to have our son in a place that is truly dedicated and always treats clients with dignity and respect. His life is full and we know that he is happy”.

Communication within the service was facilitated through regular team meetings. Minutes of staff meetings showed that staff were able to voice opinions. We asked four of the staff on duty if they felt comfortable in doing so and they replied that they could contribute to meeting agendas and 'be heard', acknowledged and supported. Staff told us there was good communication between staff and the management team. The registered manager had consistently taken account of people's and staff's input in order to take actions to improve the care people were receiving.

The registered manager was aware of when notifications had to be sent to the Commission. These notifications would tell us about any important events that had happened in the home. Notifications had been sent in to tell us about incidents that required a notification. We used this information to monitor the service and to check how any events had been handled. This demonstrated the registered manager understood their legal obligations.