

Inshore Support Limited

Inshore Support Limited - 10 Beeches Road

Inspection report

Beeches Road
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Inshore Support LTD – 10 Beeches Road is a residential care home providing accommodation for people who require nursing or personal care and have a diagnosis of a learning disabilities and autistic spectrum disorder. The service can support up to two people and two people were receiving support at the time of the inspection.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the management team at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

People's experience of using this service and what we found

Audits were not robust enough to demonstrate safety was effectively managed. There was no registered manager in post, the deputy manager was overseeing the day to day running of the home. Staff felt well supported and part of a team. Staff worked in a person-centred way.

Relatives felt their loved ones were safe. Some staff told us they did not always follow care plans. Information relating to people's allergies was not reflected in all documentation. Medicines were not always dispensed in line with best practice guidelines. Staff understood safeguarding and how to keep people safe.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Peoples dignity was not always maintained. People were encouraged to maintain their independence. Relatives felt their loved ones were treated with kindness. People information was stored securely, and confidentiality was maintained.

Peoples communication needs were met, and information was provided to people in different formats. Peoples personal preferences were identified in their care plans. People were supported to maintain relationships.

The service used some restrictive intervention practices as a last resort, in a person-centred way, in line with positive behaviour support principles.

The service applied the principles and values of Registering the Right Support and other best practice guidance. The outcomes for people using the service reflected the principles and values of Registering the Right Support and focused on them having as many opportunities as possible. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 29 March 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to failure to meet a condition of registration and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Inshore Support Limited - 10 Beeches Road

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Inshore Support LTD – 10 Beeches Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. This means the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

One person who lived in the home did not wish to speak with us. Due to communication needs the other person was not able to speak with us. We spoke with five members of staff including senior care workers and care workers. The deputy manager was not at work on the day of inspection, so we spoke with the director of care and the care services manager.

We reviewed a range of records. This included two people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with two relatives about their experience of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Care plans and risk assessments contained explanations of the control measures for staff to follow to keep people safe. However, some staff told us they did not always follow these. The staff we spoke with were fully aware of the risks to people but felt the care plans did not always give them the right information to support people safely. The director of care said this should not be the case and they would hold a team meeting with care staff to discuss this.
- People's care plan and risk assessments contained details of their allergies, but one person's medicine record and both people's hospital passports stated 'no known allergies'. This meant if someone went into hospital, there may not be up to date information about their allergies. However, staff could tell us what allergies people had. We discussed this with the director of care and the care services manager and they updated the documents on the day of inspection.
- Fire safety checks had taken place and regular maintenance of equipment was evident. We saw people had practiced evacuating the building but there was no written plan for staff to follow to identify what the risks may be to people and how they could manage them. The director of care told us they would put these in place.
- Relatives told us their loved ones were safe. A relative said, "I am quite happy [person] is safe. The many years [person] has lived there, there have never been any safety issues."

Using medicines safely

- Medicines were not always dispensed inline with best practice guidance. Staff were secondary dispensing medicines for people who were leaving the service for a short time. Secondary dispensing is re-packaging a medicine that has already been dispensed by a pharmacist or a dispensing doctor. The medicines were not labelled with administration instructions, and this could lead to errors in administration. We discussed this with the director of care who said they would review their internal practices. There had been no medicine errors for the home in the last 12 months.
- We found one prescribed cream for a person was out of date. There was a system in place to record the date of opening but staff did not then know how long the medicine could be open for. We saw audits had taken place, they identified cream was dated when opened, however did not identify the cream was out of date. This meant the checks were not fully effective to ensure prescribed medicines were in date.
- Staff told us they were trained in medicines management and regular competency checks were carried out to ensure safe practice. We observed good practice when staff gave people their medicines such as offering people a drink and making sure medicine records were signed and up to date.
- Where people had medicines on an 'as required' basis, written guidance was in place to guide staff. This made sure people received 'as required' medicines when they needed them and in a safe way.

Systems and processes to safeguard people from the risk of abuse

- People were protected from potential abuse and avoidable harm by staff that had regular safeguarding training.
- Staff knew what signs of abuse to look out for and could tell us their responsibilities and the correct procedure to report concerns. A staff member said, "If there was a concern about safeguarding I'd report it to my manager and follow company policy. We could also report to head office or CQC."

Preventing and controlling infection

- Staff told us they had received training in infection control and were able to tell us what equipment they needed. We saw personal protective equipment was available to staff and we saw adequate stock was in the home. This prevented infections from spreading.
- On the day of inspection there were no facilities for staff to dry their hands in the allocated staff bathroom. Staff told us this was not usually the case and that paper towels were usually available. However, on the day of inspection no one replenished the stock. We also noted that one person had no access to hot water in their ensuite bathroom, this meant they had to use cold water to wash their hands. This meant there was a risk germs could be spread.

Staffing and recruitment

- Staff told us there were always enough of them on duty and they never worked with unsafe staffing levels. Staff confirmed if someone was not able to attend work, the deputy manager or on call manager would arrange for cover.
- Staff had been recruited safely. All pre-employment checks had been carried out to ensure staff were suitable for the role. We did note a gap in one staff members employment history, this was addressed during our visit by the director of care.

Learning lessons when things go wrong

- Systems were in place for all accidents and incidents to be reviewed. Records showed patterns and trends were identified to ensure people were safe and any future risk was reduced.
- Staff understood their responsibilities to raise concerns in relation to health and safety.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- A new mental capacity assessment tool had recently been implemented. This was being completed, with the relevant people involved, for all people who lacked capacity to make specific decisions. This showed the provider was working in line with the MCA.
- DoLS applications had been made for people who required them. Where people had conditions on their DoLS we saw these had been met. A DoLS conditions relates to a specific requirement that the provider must meet.
- Staff had a good knowledge and understanding of the MCA and DoLS. There was information in people's care plans around likes, dislikes and choices. A staff member told us, "We assume people have capacity to make their own decisions. We would do a best interest meeting if needed and it would be recorded in the persons care plan."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to moving into the home. People's protected characteristics, as identified in the Equality Act 2010, were considered as part of their assessments. This included people's needs in relation to their gender, age, culture, religion, ethnicity and disability.

Staff support: induction, training, skills and experience

- Relatives thought staff had the skills to support their loved ones and knew peoples need and preferences. A relative said, "Yes, I think [staff] can manage [persons] care and support needs. They are mostly pretty good."

- Staff had completed an induction process and training relevant to their roles. Staff told us the training was beneficial and they were doing additional courses that were specific to the needs of the people they supported. A staff member told us, "I did an external medication training course recently, it was really interesting."

Supporting people to eat and drink enough to maintain a balanced diet

- Some people required support when they ate. Where this was the case, professional guidance had been sought and this was reflected in people's care plans and risk assessments.
- We observed people being offered choice in what they ate, and staff encouraged people to have a healthy balanced diet.
- People's food and fluid intake was recorded as needed. We saw people ate food that was reflective of their likes and dislikes.

Adapting service, design, decoration to meet people's needs

- The communal areas of the home were spacious and personalised to the people who lived there. We saw photos of people had been displayed. The home had ample space for people, and staff respected when people wanted to have time alone.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Referrals were made to local community teams such as community nurses. Follow up actions were recorded in people's care plans. This showed staff were aware of people's changing needs.
- Where people had become unwell unexpectedly, we saw staff had taken appropriate action in a timely manner. Records evidenced what action had been taken, follow up appointment's that had been required and the outcomes. This showed staff were actively working in partnership with other organisations to ensure people had access to healthcare services when the needed.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- Staff did not always maintain people's privacy and dignity. For example, when a person went out staff would unlock their bedroom to use their ensuite rather than using the staff bathroom. This did not show respect for the person or recognise their rights to privacy. The director of care said they would address this with the staff team.
- Relatives told us their loved ones were encouraged to be independent. A relative said, "Staff encourage [person] to do as much as they can. [Person] would just sit back and let staff do everything, but staff really encourage them to do things."
- People's records were stored in a locked cabinet and staff ensured information relating to people was communicated in a private setting, this ensured confidentiality was maintained.

Ensuring people are well treated and supported; respecting equality and diversity

- Relatives felt their loved ones were cared for and well treated. A relative told us, "The staff they are like family to [person]. It's not just a job, they have a really good caring side. We couldn't ask for anything else to be honest."
- People's records included details of life histories, religious beliefs, wishes and preferences. This meant staff could access information about people's backgrounds and history.

Supporting people to express their views and be involved in making decisions about their care

- Relatives told us they felt involved when decisions were made about their loved one's care. A relative said, "The communication is absolutely brilliant."
- Staff told us how they encouraged people to make decisions about their care. Staff understood how people would make choices where they may have limited verbal communication.
- Questionnaires were provided to people and relatives, so they could express their views about the service. These were analysed by the provider and action taken to address any areas.
- The provider had devised an easy read service user guide which covered areas such as rights to advocacy services and making decisions. This supported people to make decisions and signposted them to external agencies for independent support and guidance.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Relatives felt their loved ones were supported to have choice, control, and personalised care. A relative told us their loved one had specific likes and dislikes around how they wore their clothes, and the staff would respect this.
- Staff and relatives told us people made decisions about their day to day care. Such as what they did, what they ate and what they wore. We observed staff offering people choices and people making decisions. A relative said, "If [person] has their mind set on something, they will do that. Staff don't try and say no."
- People's care plans held information regarding their personal preferences, likes and dislikes and people who were important to them. This enabled staff to have up to date information about people's personal preferences.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff told us they used various methods to support people who could not communicate verbally. We observed a person pointing to different things and staff knew what this meant for the person. For example, the person pointed to the car, staff identified the person wanted to go out, so they arranged this.
- Information was available in an easy read format. This enabled people to access and understand information.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships with families and develop friendships where appropriate. A relative told us, "Staff keep [person] involved with their family, they support [person] to attend events. Staff always take a back seat and just observe so [person] can spend time with their family. It's nice as [person] has their freedom to move around and that works really really well for us and [person]."
- We observed people following their interests and taking part in activities that were of interest to them. People had told staff what activities they wanted to do on the day of inspection, and staff had arranged for this to happen. A staff member said, "A good thing about here is we are always going out and about."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure and staff could tell us the signs to look out for to

identify if people were happy or not.

- Formal complaints had been logged but outcomes for two out of three complaints were not recorded. A relative told us they had received an outcome to their complaint and they were satisfied.
- A relative told us that they did not always get feedback when they raised concerns. They told us they had regular updates and communication with the team but not always in relation to specific concerns they raised. We fed this back to the director of care who confirmed they had made contact with the relative.

End of life care and support

- No one was receiving end of life care at the time of the inspection. The director of care advised they had the relevant documentation but had not yet implemented it, they said they planned to complete this with people and their loved ones.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Audits of medicines had been completed and identified areas of improvement with action plans. However, they did not identify one person's prescribed cream was out of date and staff were administering it. This meant audit systems were not always effective.
- Audits of people's records had been completed and identified where care plans and risk assessments needed amendments. However, audits did not identify that people's allergies were not reflected in all their records. This put people at risk of receiving medicines they were allergic to.
- The management team had not identified when staff were not following people's care plans and risk assessments. This meant people were put at risk of potential harm.

We found no evidence that people had been harmed however, systems and processes were not robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was no manager registered with The Care Quality Commission (CQC) at the time of inspection. The deputy manager was overseeing the service. This meant the provider was failing to comply with the conditions of their registration.
- It is a legal requirement that the overall rating from our last inspection are displayed within the service and on the provider's website. Ratings were displayed in the home and on the providers website.
- Notifications had been sent to CQC of events which had occurred within the service in line with legal requirements.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Relatives expressed confidence in the management team. A relative said, "It's all one team, with care staff and managers they are all on one level. [Person] has a good bond with [deputy manager], it has no effect on [person] not having a manager."
- Staff felt well supported and part of a team. Although there was no registered manager in post, staff felt they could approach the senior care staff, deputy manager or higher management team if needed. A staff member said, "Having no registered manager is fine, we have [name] as deputy manager and can go to

them if needed. The home is running fine, everything is running smoothly."

- Staff demonstrated a person-centred approach for the people they supported. We saw people had choice and control and were involved in decisions made about their care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The director of care understood their responsibilities in relation to the duty of candour regulation and was able to discuss how they would meet this requirement.
- Relatives told us they were communicated with if there were any concerns about their loved ones. A relative said, "When there is a review or a concern we are kept up to date over the phone and face to face."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and their relatives were given the opportunity to give feedback via surveys. This gave them the chance to express their views and opinions. These surveys had been analysed and an action plan was completed in relation to any area people felt needed improvement.
- Staff communicated with the GP, speech and language, opticians and other professionals when required. This evidenced partnership working between the staff team and external professionals to enable positive outcomes for people.
- Peoples care plans contained information about how they liked to be supported and what they wanted to achieve. They contained details about peoples religious and cultural needs so staff knew what peoples support preferences were.
- Staff had a good understanding of whistleblowing and told us they knew how to access policies relating to this.

Continuous learning and improving care

- The provider was able to demonstrate they were continuously learning and developing. The director of care told us they had recently changed their care plan review process to once every two months. This was to enable staff to implement new ideas and have enough time to see if they were working. The care plan would then be fully updated to reflect the changes.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good Governance Systems and processes were not robust enough to demonstrate safety was effectively managed. This placed people at risk of harm.