

Inshore Support Limited

Inshore Support Limited - 5 Trinity Street

Inspection report

5 Trinity Street
Cradley Heath
B64 6HT
Tel: 01384 823048

Date of inspection visit: 6 October 2015
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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

Our inspection was unannounced and took place on 6 October 2015.

The provider is registered to accommodate and deliver personal care to a maximum of three people who had a learning disability or associated need. On the day of our inspection three people lived there.

The manager was registered with us. 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.

Although we found that medicine recording and administration was managed safely. However, the storage of medicines had not been formally risk assessed to confirm its safety.

Summary of findings

We saw that there were systems in place to protect people from the risk of abuse. People had not experienced anything that hurt them or that they were afraid of.

The provider had systems in place to recruit new staff. Staff received an induction which gave them the initial knowledge and support they required to meet people's needs. Staff numbers and experience ensured that people would be safe and their needs were met in the way that they wanted them to be.

Staff had training and one to one supervision to equip them with the knowledge they needed to provide appropriate support to the people who lived there. Staff felt that they understood their job role and responsibilities.

Staff had received most of the training that they required. However, not all staff had received first aid training. The deputy manager told us that this would be arranged.

People felt that the staff were nice and kind and we saw that they were. We observed that interactions between staff and the people who lived there were positive in that staff were kind, polite and helpful to people.

Staff understood the requirements of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). We found that the provider was meeting the requirements set out in the MCA and DoLS to ensure that people received care in line with their best interests and were not unlawfully restricted.

People liked the food and drink that they were offered. Records confirmed that the people who lived there were supported to have a varied diet in sufficient quantities.

An easy read complaints system was available so that people and their relatives could state any concerns and dissatisfaction.

People and their relatives felt that the service was generally well led. We saw that the provider had monitoring and auditing systems in place to ensure that the service met people's individual needs and preferences.

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.

Medicine administration systems were safe which prevented people being placed at the risk of medicine error or them not having their prescribed medication.

Recruitment systems were in place to prevent the employment of unsuitable staff.

Systems that staff were aware of and understood were in place to minimise the risk of people being abused.

Good



Is the service effective?

The service was effective.

Staff understood the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards which ensured that people were not unlawfully restricted and received care in line with their best interests.

People told us that they were happy regarding the meals and meal choices on offer.

Staff worked closely with multi-disciplinary teams of health and social care professionals to provide effective support and health monitoring.

Good



Is the service caring?

The service was caring.

People told us that the staff were kind and caring and we saw that they were.

People's dignity and privacy were promoted and maintained.

Staff ensured that people dressed in the way that they preferred and that they were supported to express their individuality.

Good



Is the service responsive?

The service was responsive.

People's needs were assessed regularly and their care plans were updated where there was a change to their needs.

Staff were responsive to people's preferences regarding their daily wishes and choices.

People were encouraged to engage in or participate in recreational pastimes that they enjoyed.

Good



Is the service well-led?

The service was well-led.

People felt that the service was well led.

Management support systems were in place to ensure staff could ask for advice and assistance when it was needed.

Good



Summary of findings

The provider had monitoring processes in place to ensure that the service was being run in the best interests of the people who lived there.

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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.

Our inspection took place on 6 October 2015 it was unannounced and was conducted by one inspector. We started our inspection early in the morning as the service provides support to younger adults who are often out during the day.

Before our inspection we reviewed the information we held about the service. We asked local authority staff their views on the service provided and we looked at a report that had

been produced by an external monitoring agency. Providers are required by law to notify us about events and incidents that occur; we refer to these as notifications. We looked at the notifications the provider had sent to us. We used the information we had gathered to plan what areas we were going to focus on during our inspection.

We spent time with and spoke with all three people who lived there. We spoke with two staff members, the deputy manager and two relatives by telephone. We spoke with the registered manager by telephone the week following our visit as they were on leave the day of our visit. We spent time in communal areas observing routines and the interactions between staff and the people who lived there. We looked at care records for two people, medication records for two people, recruitment records for two staff, training records, accident records and the systems the provider had in place to monitor the quality and safety of the service provided.

Is the service safe?

Our findings

A person told us, “The staff look after me and give me my tablets. I don’t want to do it [Deal with their own tablets]”. Records we looked at and staff we spoke with confirmed that people could be given the opportunity to manage their own medicine if assessment processes confirmed them safe to do so. People we spoke with were aware that they could refuse their medicine if they wanted to. One person said, “The staff give me my tablets and tell me what they are for. I always like to take them as they stop me being ill”.

We looked at what arrangements the provider had in place for the safe management of medicines. We saw that medicines were not being stored in an approved medicine cupboard. They were being stored in a locked wooden cupboard. The registered manager told us that they would ensure that a risk assessment of the cupboard was carried out to demonstrate that it was safe.

Staff we spoke with told us that they had received medicine training and felt confident and comfortable managing medicines. Records that we looked at confirmed that staff had received medicine training and a medicine competency had also been undertaken. We looked at Medicine Administration Records (MAR) for two people. We saw that the MAR were maintained correctly. We carried out audits of two people’s medicine, we looked at records to see how much medicine should have been available against what was actually available and found that the balances were correct. This confirmed that processes were in place to ensure that people received their medicines as they had been prescribed by their doctor to promote their good health.

One medicine had been prescribed as a variable dose in that depending on the person’s pain levels one or two tablets could be given. The MAR highlighted how many tablets had been given each time so confirmed that staff were following the doctor’s instructions. We found that there were protocols in place to instruct staff when ‘as required’ medicine should be given. This meant that medicine would only be given when it was required.

We saw two Medicine Administration Records (MAR) that had been handwritten by staff. There was no second staff

signature on the records to confirm that what had been written was correct to prevent errors. This checking process would give people greater assurance that their medicines were being given correctly.

People we spoke with told us that they felt safe living at the home. A person said, “I feel safe”. A relative said, “I have got no concerns I know that they are safe”.

All of the people who lived at the home were independently mobile and did not require mobility equipment or assistance for moving. We saw that people were supported to wear helmets to prevent head injuries if they were to have a seizure. We saw records to confirm that risk assessments were undertaken to prevent the risk of accidents and injury to the people who lived there. Staff we spoke with knew about people’s risks and how to minimise them.

A person told us, “Nothing bad happened to me”. Relatives told us that they had no concerns regarding abuse. Staff told us that in their view people were protected from harm and abuse. We saw that people who lived there were at ease with the staff. We saw that they approached staff if they wanted anything. We saw them confidently talking with staff. Staff we spoke with knew how to recognise signs of abuse and how to report their concerns. One staff member said, “If I had a concern I would report it straight away. It would be sorted”. People we spoke with, meeting minutes and an easy read ‘service user guide’ document that we saw explained what safeguarding meant and what people should do if they felt they were being treated in a way they were not happy with. The deputy manager told us and records we looked at confirmed that where concerns had been identified the relevant external agencies had been informed. Local authority staff also confirmed this.

A person said, “There are always staff to look after me”. Staff told us that staffing levels and staff experience were sufficient to meet people’s needs and to keep them safe. People we spoke with confirmed that this was correct. We found that systems were in place to cover staff leave. A staff member had phoned in sick the evening before our inspection and the deputy manager covered their shift. Staff would cover each other’s absence or agency staff could be secured. One staff member said, “We usually cover shifts when other staff are off sick or on holiday”.

The deputy manager told us, “All checks are done before new staff can start work”. A staff member said, “It took a

Is the service safe?

while before I could start here as all of the checks had to be completed first". We found that safe recruitment systems were in place. We checked two staff recruitment records and saw that pre-employment checks had been carried out. This included the obtaining of references and checks with the Disclosure and Barring Service (DBS). The DBS

check would show if prospective staff members had a criminal record or had been barred from working with adults due to abuse or other concern. This gave assurance that only suitable staff were employed to work in the home which decreased the risk of harm to the people who lived there.

Is the service effective?

Our findings

People who lived at the home were happy with the service provided. A person said, "I am happy here". Another person said, "I like it here". A relative said, "I have no concern about the care". Another relative told us, "It is a good place". Staff we spoke with told us in their view the service provided was effective and met people's needs. A staff member said, "We provide very good care".

A staff member told us, "I had induction when I started". Staff had induction training and felt supported on a day to day basis. Staff files that we looked at held documentary evidence to demonstrate that induction processes were in place. We saw evidence to confirm that the provider had introduced the new 'Care Certificate'. The Care Certificate is an identified set of standards that care staff should adhere to when carrying out their work.

A staff member told us, "We have regular meetings and supervision sessions". Other staff we spoke with also told us that staff meetings and one to one supervisions took place regularly. Records that we looked at confirmed this. We saw where problems had been identified; these were discussed with staff to assist them in their professional development. Staff told us that they felt supported on a day to day basis. A staff member said, "The other week there was an issue I had not dealt with before. The manager went through everything I needed to do and guided me".

People we spoke with all told us that the staff looked after them well. A relative said, "They know how to look after her." [Their family member]. A staff member told us, "I feel confident to do my job".

An incident had occurred a few weeks before our inspection when a person had become unwell. Staff we spoke with told us what actions they had taken to ensure that the person's condition did not worsen. The staff on duty told us that they felt confident with dealing with people when they had a seizure or other emergency situations. Staff we spoke with confirmed that they had received the training they needed. Staff training records confirmed that staff had received most of the mandatory and specialist training for their role which would ensure they could meet people's individual needs. We highlighted to the deputy manager that some staff had not received recent first aid training. They told us that they would address this.

A person said, "I do things for myself. If staff do things for me they ask me first". Staff we spoke with understood the importance of asking people's permission before they provided support. A staff member said, "We always ask people if they would mind us doing something for them".

We heard staff asking people before they supported them. We heard staff saying, "Shall we go upstairs and tidy your room". We also heard staff discussing with one person about getting them medical attention. We observed that people verbal agreed and willingly acted to undertake tasks which demonstrated that they were happy to do so.

A person told us, "I go out when I want to". We found by speaking with staff that they had knowledge of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguarding (DoLS). Staff we spoke with knew that they should not restrict people's freedom of movement unless it was vital and or approved by the local authority. DoLS are part of the MCA they aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict their freedom. The registered manager had referred people to the local authority to ensure there was no unlawful restriction due to people being constantly supervised and for safety reasons the front door being locked.

A number of people communicated their needs or distress through behaviour. Care plans that we looked at highlighted what triggered behaviours. A trigger is something that may happen to provoke behaviour. When we asked staff about people's individual behaviour 'triggers' they were aware of them. Where the triggers were known action was taken to reduce the behaviour. A relative told us, "The staff deal with their behaviour well. They suggest an activity to calm them down". This highlighted that the staff were able to deal effectively with people who challenged the service and others which placed people who lived there at risk of harm.

People we spoke with told us that they went food shopping and when they wanted to prepared their own breakfast, lunch and snacks. We observed one person preparing their lunch. People also told us that they were given food and drink options. One person said, "We always choose what we eat". Another person told us, "The food is nice". Staff ensured that people were offered the food and drink that they preferred. We looked at people's care plans and saw that their food and drink likes, dislikes and risks had been determined. People and staff both told us that as only

Is the service effective?

three people lived there then it was decided on a daily basis what each person wanted to eat. At breakfast and lunch time we heard staff asking people what they would like to eat and provided them with what they asked for.

At the time of our inspection there were no risks to people concerning eating. One person had a thickening substance in their drinks to prevent them choking on fluids. When needed records highlighted and staff confirmed that referrals to external health professionals regarding identified risks concerning eating and drinking had been made. There were instructions for staff to follow in the care plans to ensure that people were supported effectively. This ensured that risks to people's health regarding eating and drinking was decreased.

A person said, "I go to the doctor if I am poorly". A relative said, "The staff request the doctor quickly and they always

let me know". Staff we spoke with told us that they supported people to access health and social care appointments. Records we looked at confirmed that where staff had a concern they referred people to their doctor and a wide range of external health professionals which included the dietician, occupational therapists and speech and language therapists. This ensured that people accessed the health attention they needed. We saw that health plan documents were in place. The aim of health plan is to ensure that people and staff know what action needs to be taken regarding health conditions and to record the outcome of health appointments and reviews. However, the health plans that we looked at did not confirm, and staff we spoke with did not know if people had been offered a regular flu vaccine. They deputy manager told us that they would speak with people's GP's about this.

Is the service caring?

Our findings

People told us that the staff were lovely. A person said, “The staff are nice”. It was staff change over time and a staff member came on duty for the late shift. The same person pointed to the staff member and said, “She is really lovely and kind”. A relative told us, “The staff are all very good”. A staff member said, “We have a good caring staff team here”. We observed staff interactions with all of the people who lived there. We observed that staff took time to listen to what people said. We saw that people responded to this by engaging in conversation with the staff and smiling.

Records highlighted that staff had determined the preferred form of address for each person and we heard that this was the name they used when speaking to people. During the day we heard staff speaking to people in a respectful manner they were polite. A relative told us, “The staff are always polite and helpful to her [Their family member] and us”.

A person told us, “I choose what I want to wear each day”. Staff confirmed that they encouraged people to select what they wanted to wear each day and supported them to express their individuality. The weather was cold and very wet on our inspection day. We saw that people wore appropriate clothes when they went out into the community. One person said, “I like to look nice and I think I do”. This showed that staff knew that people’s individual appearance was very important to them and they supported people to look their best.

One person told us that they liked to spend some time alone in their bedroom or ‘their lounge’. They said, “I like to watch films on my own sometimes and I do”. Staff we spoke with were able to give us a good account of how they promoted dignity and privacy in every day practice and gave examples of; ensuring toilet and bathroom doors were closed when they provided personal care. People told us that they had a key to their bedroom door. A person said, “It is good as I like to keep all my things private” This showed that staff promoted people’s dignity and privacy.

A person said, “I like doing things for myself”. A staff member told us, “We always encourage people to do as much as they can for themselves cleaning their bedrooms,

laundry and washing up after meals”. We saw a person with clothes in a laundry basket. They were smiling when they said, “I am taking my washing to the laundry”. We also saw people help themselves to drinks and snacks and one person made their own lunchtime sandwich.

We observed that staff reassured people appropriately. One person needed medical attention during our inspection. We saw that staff stayed with the person at all times explaining to them what was happening and why. We saw that the person remained calm and relaxed.

A person said, “I signed my records. Only some people can see them. When the staff need to get rid of them I know they must shred them to keep them private”. The provider had a confidentiality procedure in place. Staff we asked gave a good account of the procedure and knew that they should not share people’s information with unauthorised people. Staff ensured that records about people were kept safe. We saw that care records were held securely.

We saw that staff were aware of people’s individual communication needs and how to address them. We observed that staff faced people when speaking with them and spoke with them calmly. We heard staff asking people questions to ensure that they had understood what had been said. We saw that the person understood as they responded appropriately.

People told us that maintaining contact with their family was important to them. A person said, “I like to see my mum and sister”. Records we looked at and staff we spoke with highlighted that there was no visiting restrictions and families could visit when they wanted to. This was confirmed by the relatives we spoke with. A relative said, “We can visit when we want to and are made to feel welcome”.

The deputy manager told us and we saw records to confirm that if people were unable to make decisions a social worker or an independent person (an advocate) would be secured to assist them. We saw that there were contact details on display in their care files for people or their relatives to secure an advocate if they needed to. Records confirmed that an advocate had attended a recent review for one person.

Is the service responsive?

Our findings

The deputy manager told us that all three people had lived at the home for a number of years. They told us the process they followed before new people were offered a place at the home. Records that we looked at confirmed that prior to people living there an assessment of need was carried out. This involved the person and/or their relative or social services staff to identify their individual needs, personal preferences and any risks. Staff told us that following the assessment of need each person would be offered the opportunity to visit the home and spend time there for a meal and overnight stay. This allowed the person to decide if the home would be suitable for them and for the staff to confirm that the person's needs could be met.

A person said, "I am happy with everything. I am looked after as I like". Relatives told us that they had been involved in the planning of their family member's care. They told us that they were involved in meetings and reviews to make sure that their family member was supported and cared for in the way they preferred.

A person said, "The staff know what I like and don't like". A relative told us, "I think all of the staff hey know them well, their likes and dislikes". Care records that we looked at contained some history about each person. Documents highlighted important things about each person including their family members, where they lived previously, what they liked and did not like. We read this information and asked staff about individual people. Staff had a good knowledge of what was written in the documents. A staff member said, "All of us [The staff] know the people who live here well".

People could be supported to attend religious services if they wanted to. A person said, "I could go [To a religious service] but I don't want to". Staff told us during recent

years how they had supported people to attend their chosen place of worship. Records that we looked at confirmed that people had been asked about their preferred faith and if they wanted to follow it.

People told us that they went out regularly into the community and records confirmed this. A person said, "I go out a lot to the shops and other places I want to go". Another person said, "I do go out but I am not well at the moment so don't feel like going out much". A relative told us, "They [their family member] is always going to shows and doing the things that they like". Staff said, "We try and take people where they want to go on an individual basis". During our inspection one person went out with staff to the shops and then bowling. When they returned they said they had a nice time. They looked happy and were smiling. Records we looked at and staff we spoke with told us that people were supported to go on holidays of their choosing and that some holidays were being arranged. One person was busy doing their own household chores and then they watched a film. They told us that they liked to be busy. This demonstrated that staff supported people to enjoy their chosen individual leisure time and activity pursuits.

People told us that staff asked them about their care. We saw completed surveys on their files. The overall feedback was positive and confirmed that people were satisfied with the service. The content of the surveys highlighted that staff asked people about their care and support and they were happy with for example, the meals, the staff and activities.

A person told us, Oh if I was not happy they would tell the staff". A relative told us that their family member was, "Safe and well looked after and that they would be the first one to raise concerns with the manager if they thought otherwise". Another relative said, "I have never made a complaint". The complaints procedure had been produced in words and pictures to make it easier for people to understand. A copy was available on each person's file and had been signed by them. No complaints had been received over recent years.

Is the service well-led?

Our findings

We found that a positive culture was promoted that was transparent and inclusive. One person said, “I feel happy”. A relative said, “They [The staff] keep us very much informed and ask my view”.

A person told us, “I think it is good here”. Another person said, “I like it here”. Relatives we spoke with were all complimentary about the service provided. A relative said, “It is a good place”. Another relative told us, “It is very good”. Staff we spoke with were positive about the service and told us that in their view it was well led.

The provider had a leadership structure that staff understood. There was a registered manager in post who was supported by a deputy manager. A person said, “I know who the manager is and told us the manager’s name”. Another person we spoke with knew who the registered manager was and felt they could approach them with any problems they had. Both people told us that the registered manager and deputy manager were, “Good”. A relative we spoke with told us that they had confidence in the registered manager. They said, “The manager is much better than the last one was”.

All staff we spoke with explained the on call process and who they needed to contact in an emergency. This ensured people were not left in a vulnerable situation or at risk. A staff member told us, “I rang on the on call the other week. They gave me the advice I needed. They were very good”.

A person said, “The staff ask me things and if I want things changed they do”. Staff we spoke with and records that we looked at confirmed that the provider ensured that

meetings were held and surveys were used to determine people’s satisfaction. The feedback from these was positive and indicated that people could ask for changes to be made to their support plans and daily routines.

The provider had a range of monitoring systems which ensured that people received a safe, quality service. Internal audits were undertaken and we saw records to confirm that those relating medicine and the safekeeping of people’s money were carried out frequently. The provider also ensured that monitoring took place by senior manager’s. We saw that these were undertaken regularly. Staff told us and records confirmed that managers regularly undertook ‘spot checks’ of staff work. We saw from staff meeting minutes that where shortfalls were identified this was discussed with staff to ensure that action was taken to address any issues.

We saw that accidents and incidents were documented and that body maps were used to illustrate precisely what part of the body had been injured or bruised when accidents or incidents had occurred. The deputy manager told us and showed us documentation to confirm that regular analysis of accidents and incidents were carried out and that action was taken to prevent further occurrences.

The staff we spoke with gave us a good account of what they would do if they were worried by anything or witnessed bad practice. One staff member said, “If I saw anything I was concerned about I would report it immediately to the person in charge or to the manager. We have policies and procedures regarding whistle blowing”. We saw that a whistle blowing procedure was in place for staff to follow. This demonstrated that staff knew of the processes that they should follow if they had concerns or witnessed bad practice.